

Name
in
Full

Don Q Abbott.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dr. P. H. Townson</u> ^{Town}		<u>Balto.</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>Mar.</u>	Day <u>25</u>	Age <u>52</u> ^{Years}	Months <u> </u>	Days <u> </u>
Sex <u>Male</u>	Color or Race <u>Wh.</u>		Birth-place <u>Ga.</u>		
Occupation <u>Teacher</u>	Where Residing if not at place of death <u>Athens, Ga.</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mrs Emma Hunley Abbott</u>				
Father's Name <u>Frank Judd Abbott</u>	Father's Birthplace <u>Canada</u>				
Mother's Maiden Name <u>Harrison</u>	Mother's Birthplace <u>?</u>				
Name of person giving information <u>Hunley Abbott</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Grippe</u>	How long <u>3 wks</u>
Immediate <u>Exhaustion (Toxemia)</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W B Cornell</u>
	Address <u>Cheppard Stoop</u>
Accident or Suicide? <u> </u>	

Athena Georgia
Wm Cook

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Canton* ^{Town} *Baltimore* ^{County}
 Date of death *1907* ^{Month} *March* ^{Day} *6* ^{Years} *Age* *about 5-8* ^{Months} ^{Days}
 Sex *Male* Color or Race *White* Birth-place *Ireland*
 Occupation *Labourer* Where Residing if not at place of death
 Married, Single or Widowed *Widower* Name of Wife or Husband *Johnna M. Machesy*
 Father's Name *Michael ahern* Father's Birthplace *Ireland*
 Mother's Maiden Name *Katherine ahern* Mother's Birthplace *Ireland*
 Name of person giving information *Son* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Unknown* **(172)** How long
 Immediate *Drowning* How long
 Are the name, age, sex, color, date and place correctly given above?
apparently
 Accident or Suicide? *Accident*
 Signature of Physician *P.A. Drummigan*
 Address *203 Some St.*
✓ *Coroner*



Name
in
Full

Lulu G. Algire

CERTIFICATE OF DEATH

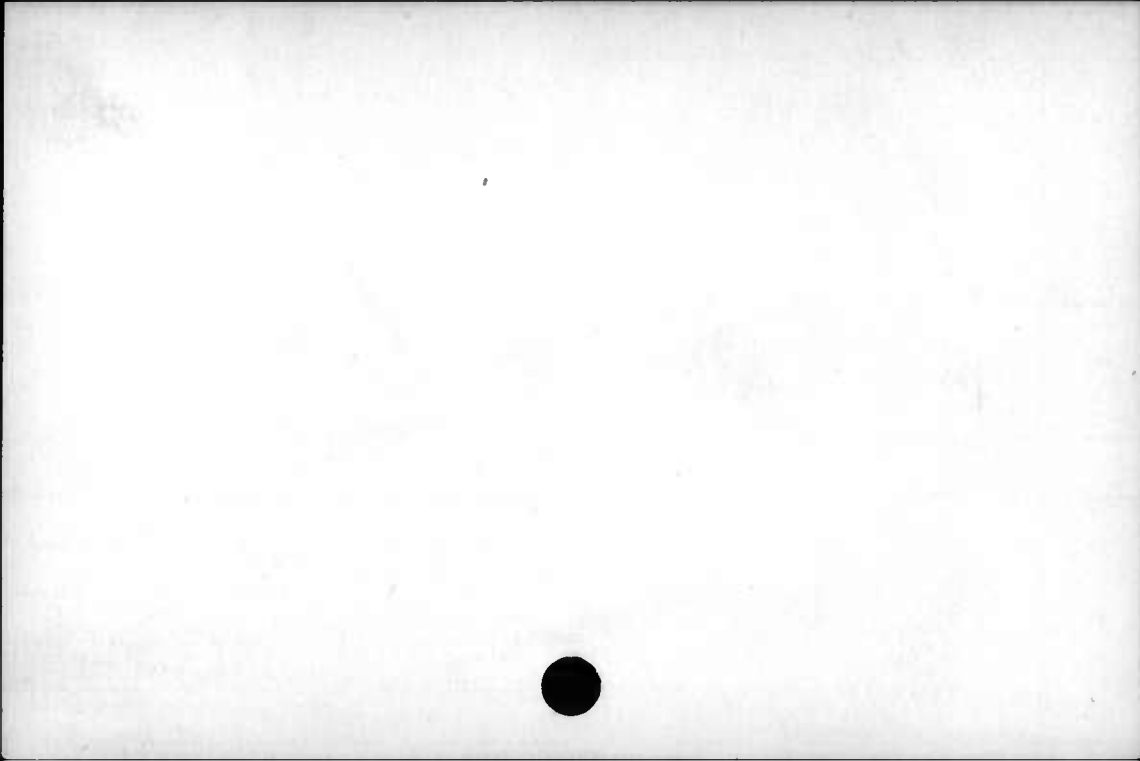
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Arcadia</i>		County <i>Balt</i>		MARYLAND					
Date of death		Month <i>9</i>		Day <i>3</i>		Age <i>36</i>		Months <i>3</i>		Days <i>9</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>Ind</i>							
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rob. L. Algire</i>									
Father's Name <i>G. Watty Cullison</i>		Father's Birthplace <i>Ind</i>									
Mother's Maiden Name <i>Rebecca A Armacost</i>		Mother's Birthplace <i>Ind</i>									
Name of person giving In formation <i>Robt. Algire</i>		How related to deceased <i>Husband</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>		How long <i>21 days</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Just Wilson M D</i>	
		Address <i>Fowlesburg</i>	
Accident or Suicide?		<i>Ind</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Barron</i>		Town <i>Pikesville</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Pikesville</i>		Month <i>3</i>		Day <i>9</i>		Age <i>56</i>	
Date of death <i>1907</i>		Month <i>3</i>		Day <i>9</i>		Age <i>56</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Pikesville</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Edward Barron</i>					
Father's Name <i>Patrick Kilcommon</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Mary Lawless</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mary Barron</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral meningitis</i>	How long <i>seven months</i>
Immediate <i>Heart disease</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. C. T. Myer</i>
	Address <i>Pikesville Md</i>
Accident or Suicide?	<i>✓</i>

Jacob H. Knap -
Grand Ridge -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Oliver Bay</u> ^{Town} <u>Roland Park</u> ^{County} <u>Baltimore</u>		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>March</u> ^{Day} <u>11</u> ^{Years} <u>82</u> ^{Months} <u>—</u> ^{Days} <u>22</u>	Sex <u>male</u> Color or Race <u>White</u> Birth-place <u>Baltimore Md</u>		
Occupation <u>Retired</u> Where Residing if not at place of death <u>—</u>			
Married, <u>—</u> or <u>Widow</u> Name of Wife or <u>—</u> ^{Husband} <u>Rachel Howard</u>			
Father's Name <u>Hugh Bay</u> Father's Birthplace <u>Harford Co. Md.</u>			
Mother's Maiden Name <u>Fannie Sanders</u> Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Rachel Bay</u> How related to deceased <u>Wife</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>La Grippe</u> <u>(10)</u> How long <u>12 hours</u>	
Immediate <u>Cerebral Hemorrhage</u> How long <u>a few minutes</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>M. Gibson Porter</u>
	Address <u>Roland Park, Md</u>
Accident or Suicide? <u>No</u>	

Issue certificate for
removal to Green Mount
Cemetery
E. Madison Whitehead
1200 N. Fayette St.
Baltimore Md =

Name
in
Full

Eileen Anne Beane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rolando Park</i>		County <i>Dach.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>27</i>	Age <i>52</i>	Months	Days
Sex <i>F</i>	Color or Race <i>W.</i>		Birth-place <i>Unknown</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Wm. Beane</i>			
Father's Name <i>Robert - Kirk</i>		Father's Birthplace <i>Scotland</i>			
Mother's Maiden Name <i>Mary Robinson</i>		Mother's Birthplace			
Name of person giving information <i>Sam - Wm Beane Jr.</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pericarditis</i>	How long <i>2 wks.</i>
Immediate <i>Exhaustion - General weakening down</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. J. Cassidy</i>
	Address <i>Rolando Park Md</i>
Accident or Suicide? <i>—</i>	

Wm. E. Chenoweth & Son
919 Third Ave. Hampden
Place of Burial
St Mary's Hampden
Mar 24th 1907

6114

Name
in
Full

Margaret. Becker

CERTIFICATE OF DEATH

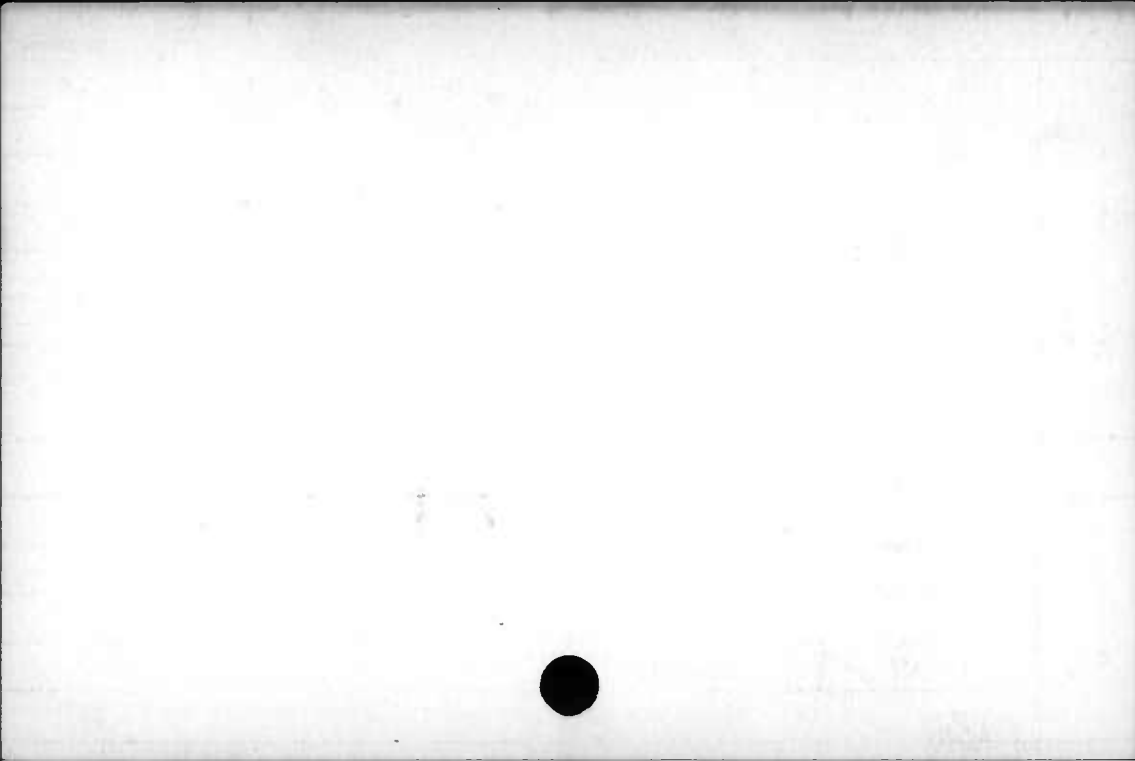
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Thornpton		County Baltimore		MARYLAND	
Date of death		1907	Month Mar	Day 6	Age 77	Months 7	Days
Sex Female		Color or Race White		Birth- place Germany			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband John Becker			
Father's Name Henry Wagner				Father's Birthplace Germany			
Mother's Maiden Name Not known				Mother's Birthplace Germany			
Name of person giving in formation Conrad Becker				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Bronchitis	(91)	How long	20 yrs
Immediate	Asthma		How long	few days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Dr. S. Mattfeldt	
			Address Calverton, Md	
Accident or Suicide?				



Name
in
Full

Mrs. Kate Gilbert Benson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cockeysville</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month <u>March</u>	Day <u>14</u>	Age <u>36</u> Years	Months <u>7</u> Days <u>14</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Baltimore, Md.</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife <u>Dr. J. E. Benson</u> Husband			
Father's Name <u>Edmond Hayes</u>			Father's Birthplace <u>Baltimore, Md.</u>		
Mother's Maiden Name <u>Mary G. Koser</u>			Mother's Birthplace <u>Baltimore</u>		
Name of person giving information <u>Dr. J. E. Benson</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Acute intracerebral pneumonia</u>	How long <u>14 days</u>
Immediate <u>accidental poisoning by analysis</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. J. E. Benson</u>
	Address <u>Cockeysville, Md.</u>
Accident or Suicide? <u>Accident</u>	

Interment at Jessor
Cemetery Saturday
March 16th
" "

W. C. Brooks

Name
in
Full

Wilhelmina Bibbel

CERTIFICATE OF DEATH

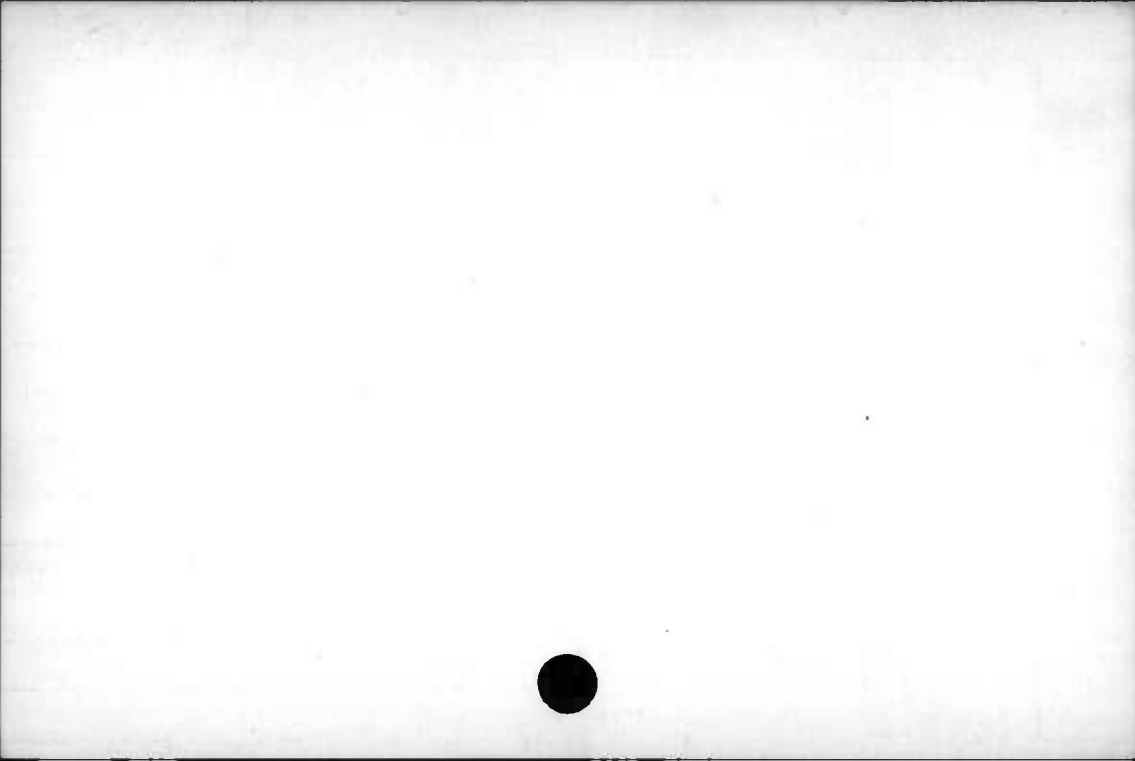
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Seatonsville</i>		County <i>Balto</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Mar</i>	Day <i>19</i>	Age <i>74</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Germany</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband <i>John Bibbel</i>				
Father's Name <i>not known</i>			Father's Birthplace <i>Germany</i>				
Mother's Maiden Name			Mother's Birthplace <i>Germany</i>				
Name of person giving In formation <i>Eugene Kraft</i>			How related to deceased <i>Son in Law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis.</i>	(91)	How long	<i>1 week</i>
Immediate	<i>Shock. —</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Mattfeldt</i>		
		Address <i>Seatonsville Md</i>		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

John A. Blizzard

Town

County

MARYLAND

Died at Woodensburg

Baltimore

Date of death 1907 Mar 7

Month

Day

Age 66

Years

Months

Days

Sex male

Color or Race white

Birth-place Baltimore Md

Occupation Labour

Where Residing if not at place of death

Married, Single or Widowed married

Name of Wife or Husband

Carrie Blizzard

Father's Name

John A. Blizzard

Father's Birthplace

Baltimore Md

Mother's Maiden Name

Charlott Uhler

Mother's Birthplace

" " "

Name of person giving information

Albert E. Blizzard

How related to deceased

Son

CAUSES OF DEATH

Primary

Pneumonia

27

How long

3 weeks

Immediate

Tuberculosis

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

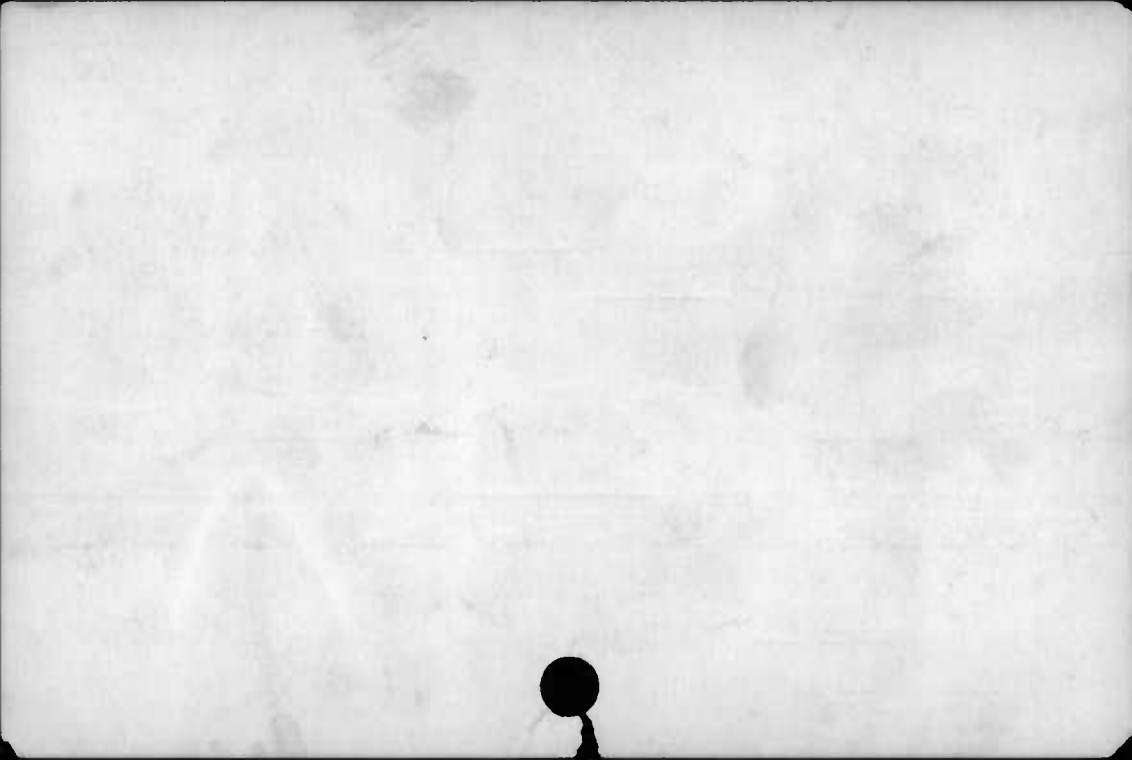
Address

James Gorn M.D.
Reisterstown

Accident or Suicide?

Md.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William C Boyer

CERTIFICATE OF DEATH

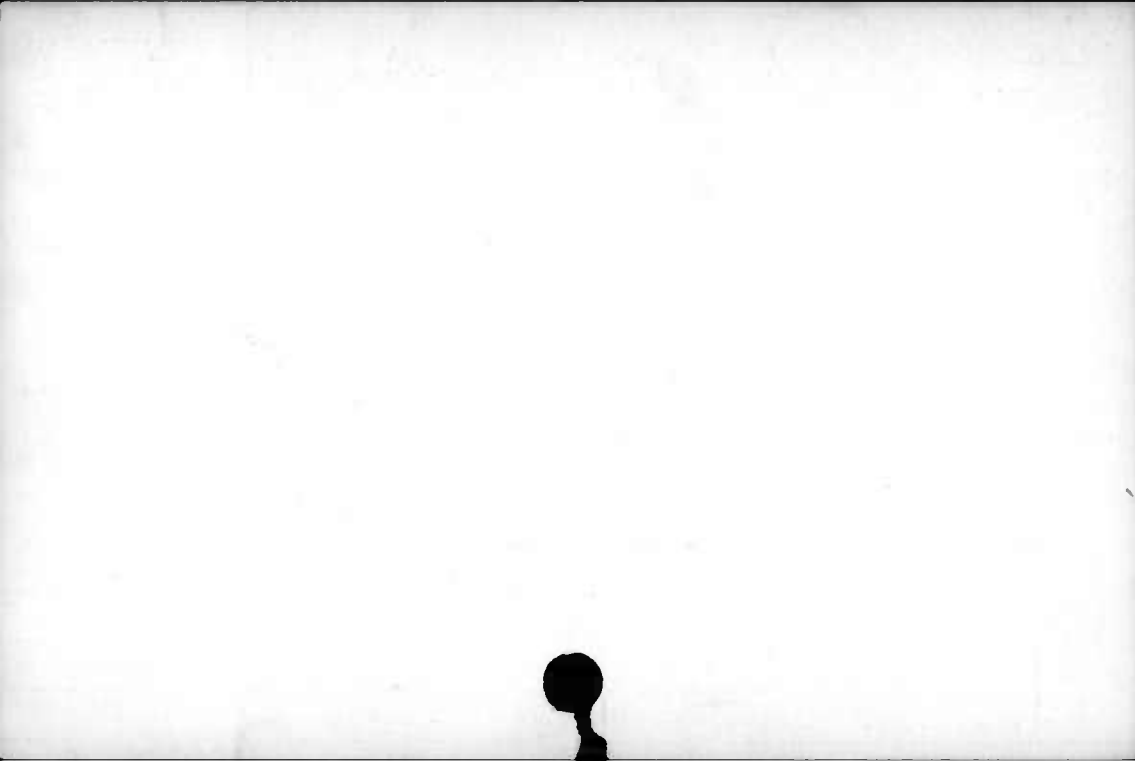
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Whester</u> Town		<u>Balto</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>March</u>	Day <u>10</u>	Age <u>32</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>clerk</u>	Where Residing if not at place of death <u>Whester</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Katie Boyer</u>				
Father's Name <u>William Boyer</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Ruth Ann Franklin</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Charles P. Ford</u>	How related to deceased <u>S. Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>San Gripe</u>	<u>(10)</u>	How long
Immediate	<u>Pneumonia</u>		How long <u>One week</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>W. McBlough</u>	
		Address <u>Whester City Md</u>	
Accident or Suicide <u>—</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James M. Bradley* Town *Spanners Point* County *Balto* MARYLAND

Died at *Spanners Point*

Date of death *1907* Month *Mar.* Day *20* Age *23* Years Months Days

Sex *male* Color or Race *white* Birth-place *Va.*

Occupation *Brakeman* Where Residing if not at place of death *Balto W.*

Married, Single or Widowed *Married* Name of Wife or Husband *Uncle Sneed Bradley*

Father's Name *Wm Bradley* Father's Birthplace *Va.*

Mother's Maiden Name *Unknown* Mother's Birthplace *Va.*

Name of person giving information *Joe Blair* How related to deceased *Nephew*

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Leatherine Brecht

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Leanton</i>		^{County} <i>Balt</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Mich</i>	Day <i>19</i>	Age Years <i>68</i>	Months <i>1</i> Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>HWK</i>	Where Residing if not at place of death <i>322 O'Donnell St</i>		<i>Place of death same</i>		
Married, Yes or Widowed	Name of Wife or Husband <i>George Brecht</i>				
Father's Name <i>Dont Know</i>	Father's Birthplace				
Mother's Maiden Name <i>Dont Know</i>	Mother's Birthplace				
Name of person giving information <i>Henry C. Pabst</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>4 days</i>
Immediate <i>Leuemia, Syncope, never rallied</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. W. Jones M.D.</i>
	Address <i>3116 O'Donnell St</i>
Accident or Suicide? <input type="checkbox"/>	<input checked="" type="checkbox"/>



Name in Full		MILLARD ELWORTH BRUCE				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Whit hall		Baltimore		MARYLAND	
	Date of death	1907	Month 3	Day 12	Age	Months 7	Days 18
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Chas E Bruce				Father's Birthplace	Md
	Mother's Maiden Name	Laisy Cummings				Mother's Birthplace	Md
	Name of person giving information	Chas Bruce				How related to deceased	Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Grip				How long	Four weeks
	Immediate	Acute Bronchitis				How long	Five days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
	Accident or Suicide?				2107 Key St Baltimore Md		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Caroline Brown</i>		Died at <i>Canton</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death <i>1907</i>		Month <i>March</i>		Day <i>25</i>		Age <i>23</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>		Months <i>2</i>	
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>402 Balto. St.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Magnes Brown</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Manly Brown</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Manly Brown</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

138

Primary <i>Cerebral Convulsions</i>	How long <i>24 hours.</i>
Immediate <i>Asphyxiation</i>	How long <i>12 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>P.A. Dunningan</i>
	Address <i>203. Lomb St</i>
Accident or Suicide? <i>Natural cause.</i>	<i>Coroner</i>

-PHYSICIAN

P.A. Dunningan



Name

in
Full

Martha E Brown

CERTIFICATE OF DEATH

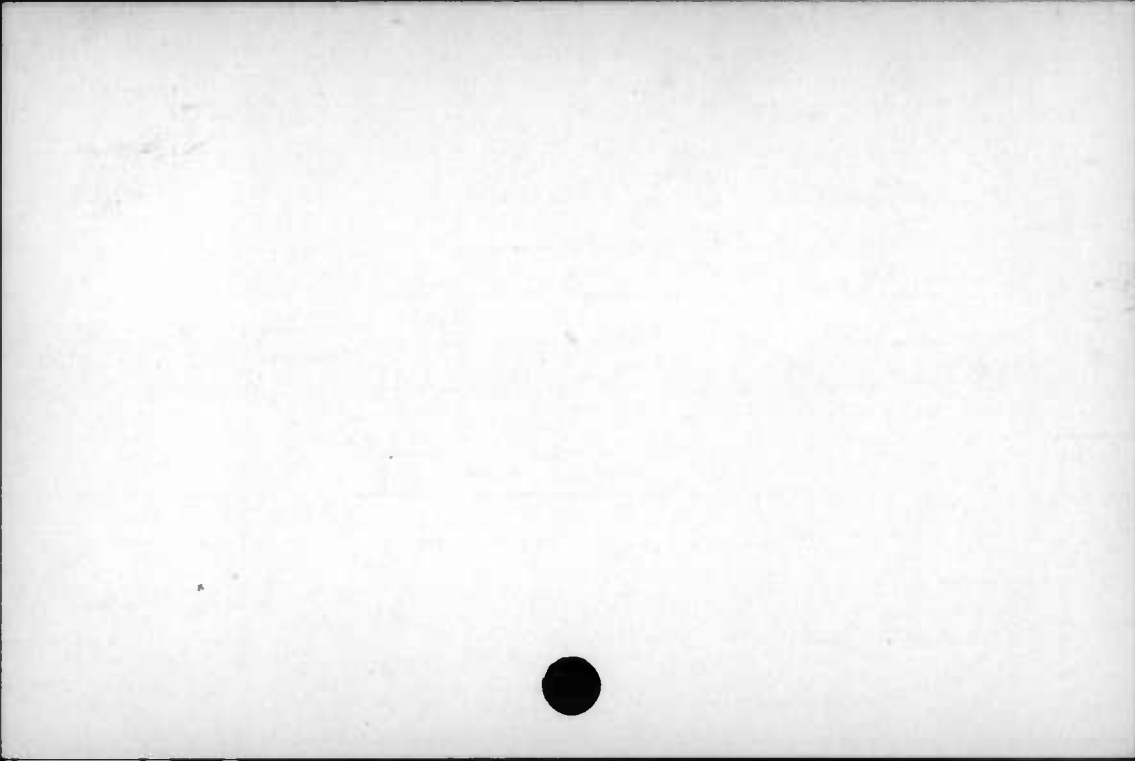
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Christstown</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Mar</i>	Day	<i>29</i>	Age	<i>62</i>	Years	Months
Sex	<i>Female</i>		Color or Race		<i>Colored</i>		Birth place <i>Andover, Md</i>		
Occupation	<i>Cook</i>		Where Residing if not at place of death						
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Robert Brown</i>				
Father's Name	<i>Samuel Wilson</i>					Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name	<i>Don't know</i>					Mother's Birthplace <i>" "</i>			
Name of person giving information	<i>Ballie Brown</i>					How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Nephritis</i>	<i>120</i>	How long	<i>?</i>
Immediate	<i>Cardiac Failure</i>		How long	<i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Thos Price</i>	
		Address	<i>Hyndman</i>	
Accident or Suicide?	<i>X</i>		<i>Med</i>	



Name
in
Full

CERTIFICATE OF DEATH

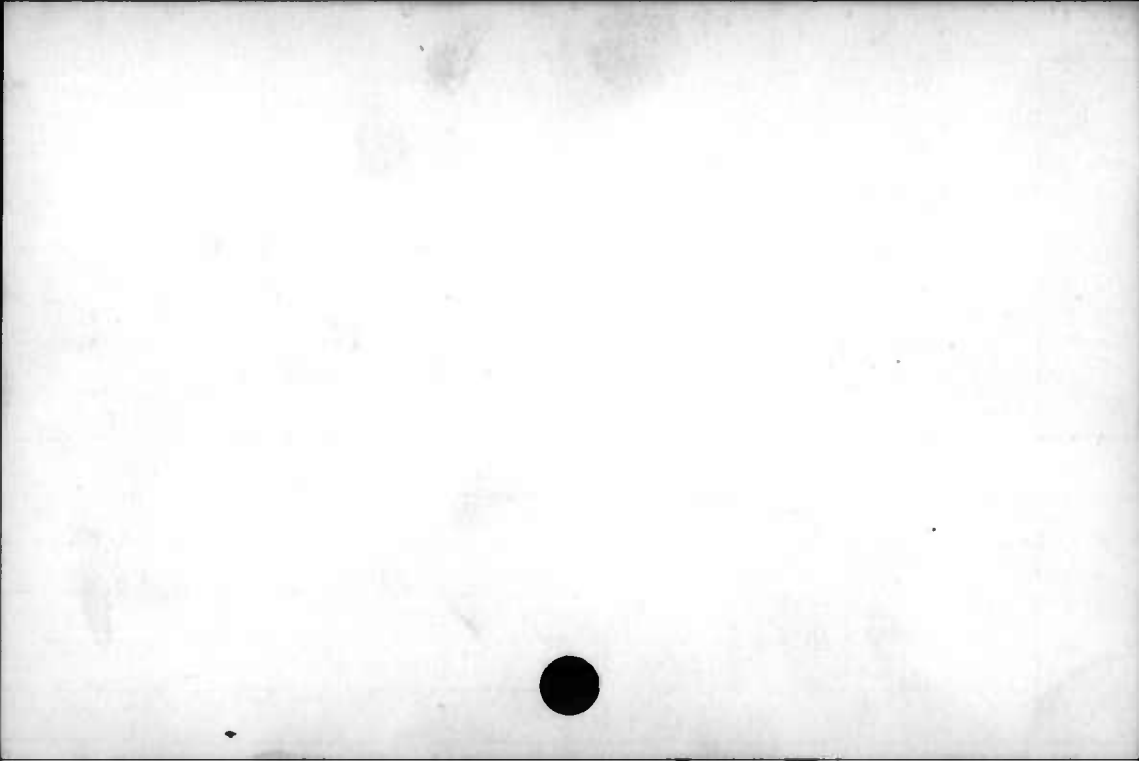
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt. Carmel</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month	3	Day	23
Age	18	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Mt. Carmel
Occupation	<i>I do not know</i>		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	<i>Frank Buell</i>		Father's Birthplace	<i>Mt. Carmel</i>	
Mother's Maiden Name	<i>Ida Ash</i>		Mother's Birthplace	<i>Mt. Carmel</i>	
Name of person giving information	<i>Glen Tracy</i>		How related to deceased	<i>None</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>7 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. H. Wilson</i>
		Address	<i>Farmersburg, Maryland</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Patrick J. Callahan

Died at *Wiley* **Town** *Wm* **County** *Bath* **MARYLAND**

Date of death *1907* **Month** *March* **Day** *13* **Age** *54* **Years** *2* **Months** *19* **Days**

Sex *Male* **Color or Race** *White* **Birth-place** *Ireland*

Occupation *Waulder* **Where Residing if not at place of death** _____

Married, Single or Widowed *Married* **Name of Wife or Husband** *Mary Callahan*

Father's Name *Patrick Callahan* **Father's Birthplace** *Ireland*

Mother's Maiden Name *Margaret Collins* **Mother's Birthplace** *England*

Name of person giving information *Mary Callahan* **How related to deceased** *Wife*

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary *Carcinoma of stomach & liver* **How long** *about 5 months*

Immediate *apoplexy* **How long** *1 day*

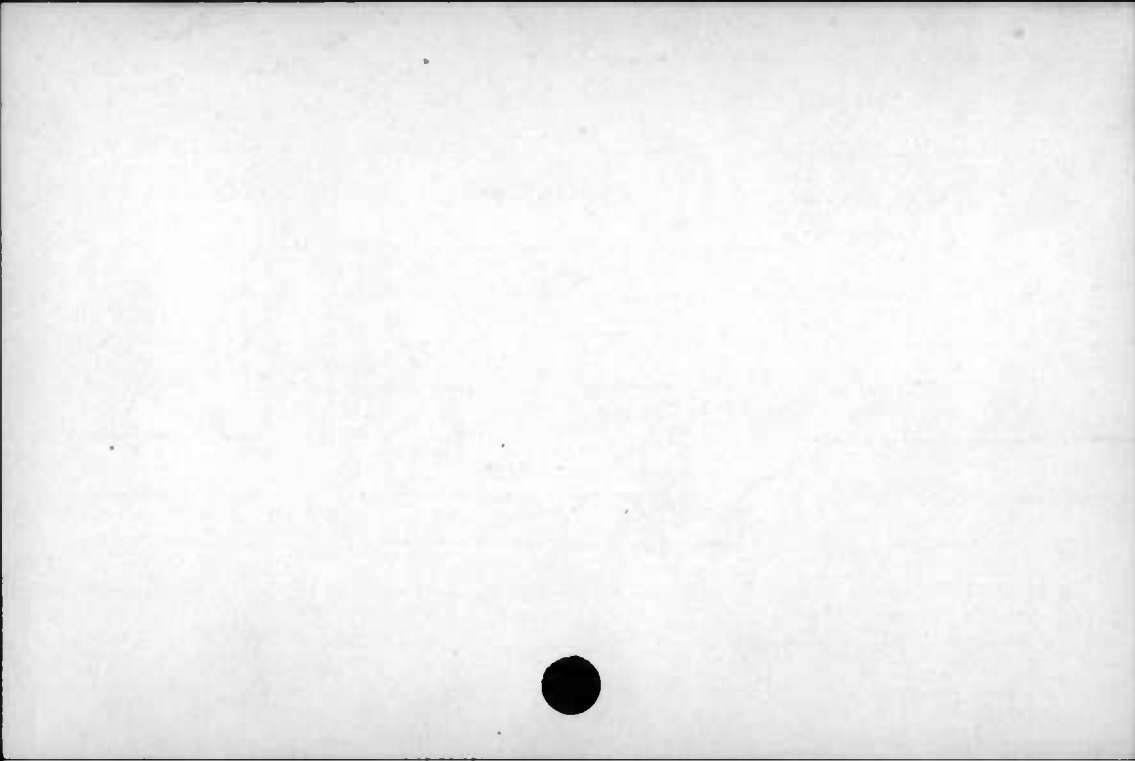
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. E. Knipp M.D.*

Address *1002 W. Hanvale*

Baths ind

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Date of death		Month	Day	Age	Years	Months	Days
1907		Mar	20	54			
Sex	Female	Color or Race	White	Birth-place	Maryland		
Occupation	House Wife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Husband				
Father's Name		Dont know			Father's Birthplace		
Mother's Maiden Name		Dont know			Mother's Birthplace		
Name of person giving information		Geakel Caoy			How related to deceased		
		Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nephritis		How long	1 year
Immediate	Pulmonary edema		How long	few weeks
Are the name, age, sex, color, date and place correctly given above?		Yes,	Signature of Physician	
			Address	
			D. J. Triple and	
			Granville and	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John W. Chambers</i>		Town <i>Halethorpe</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Halethorpe</i>		Date of death <i>1907 March 8</i>		Age <i>24</i>		Months <i>1</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Md</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>John L. Chambers</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Dinah Young</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Wm Chambers</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Crushed under clay bank</i>	How long <i></i>
Immediate <i>Shock</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm R. Eareckson</i>
	Address <i>Eek Ridge Md</i>
Accident or Suicide? <i></i>	



1. *[illegible]*
[illegible]
[illegible]

[illegible]
[illegible]



Name
in
Full

Almena C Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

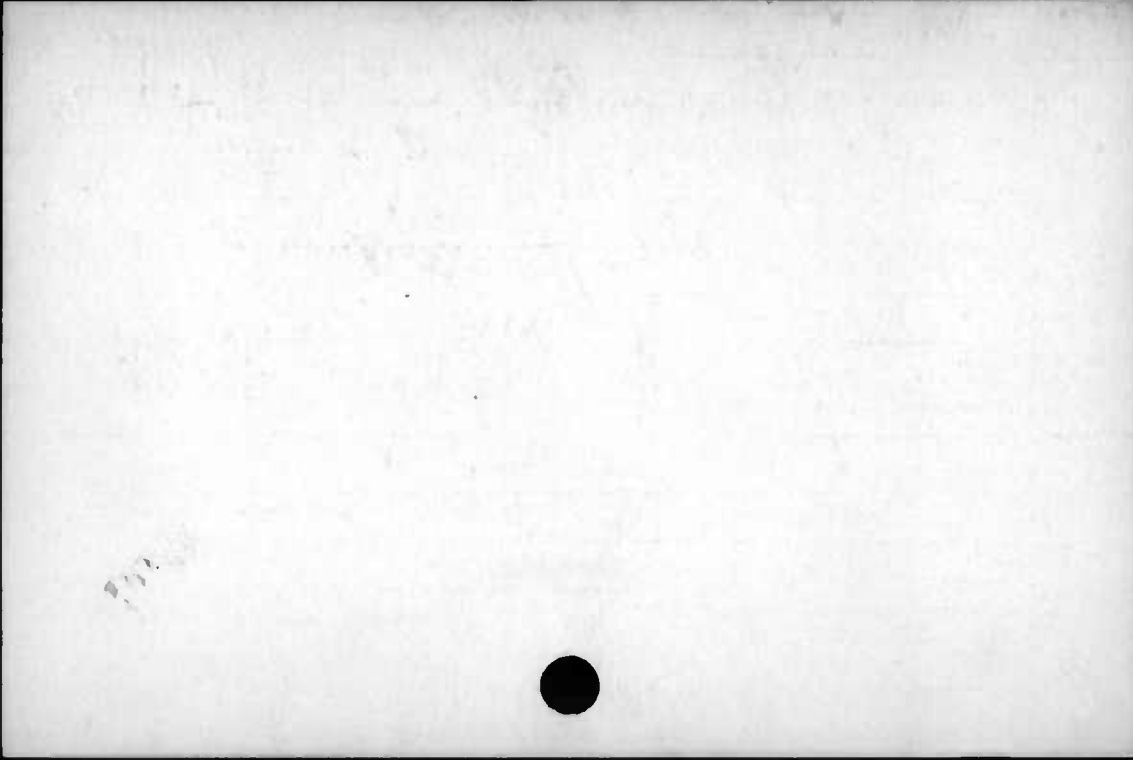
Died at ^{Town} Catonsville		^{County} Baltimore		MARYLAND	
Date of death	1907	Month	McH	Day	5
Age		62		Months	3
Days		6			
Sex	female	Color or Race	white	Birth-place	New Haven Ct.
Occupation	Housewife		Where Residing if not at place of death Catonsville Md		
Married, Single or Widowed	married		Name of Wife or Husband Chas F Chase		
Father's Name	James Baldwin			Father's Birthplace	New Haven Ct.
Mother's Maiden Name	Susan Monson			Mother's Birthplace	North Haven Ct.
Name of person giving information	Effie Chase Dowdes			How related to deceased	daughter

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	Acute Nephritis	How long	24 hours
Immediate	Uremic Coma	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Marshall B. West	
Address		Catonsville Md.	
Accident or Suicide?			



Name
in
Full

William H. Chase

CERTIFICATE OF DEATH

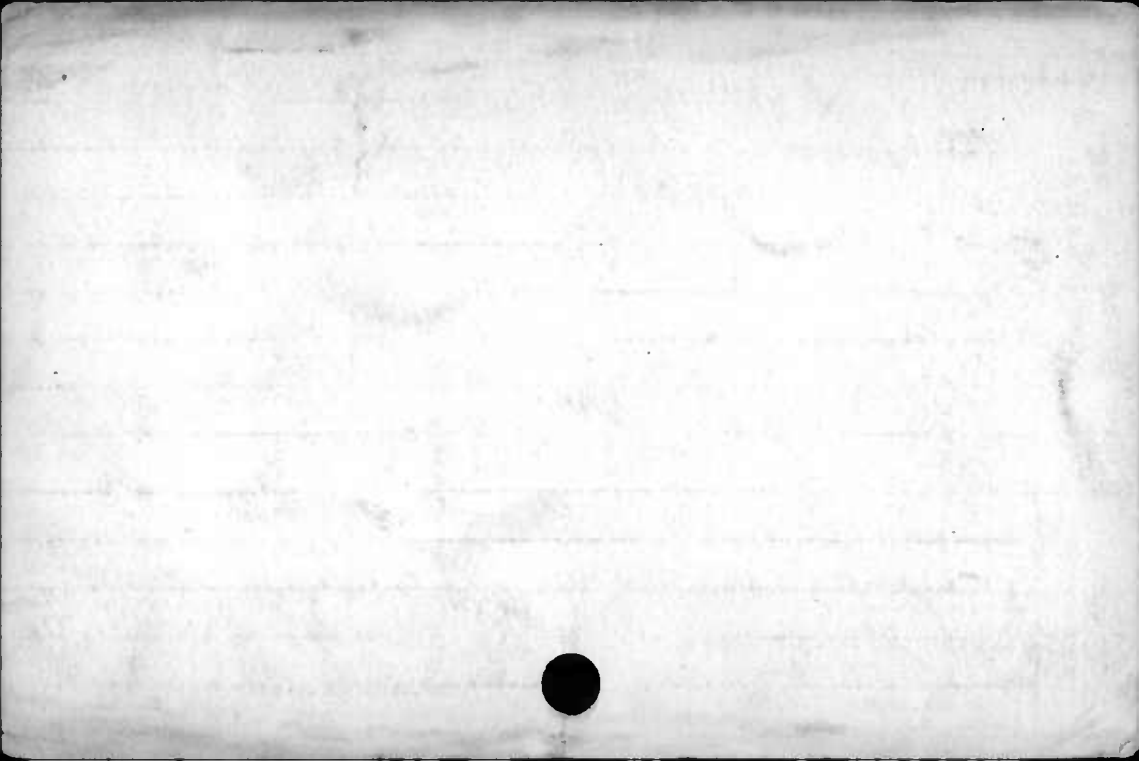
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catoonsville</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>10</i>	Years <i>65</i>	Age	Months <i>6</i>	Days <i>-</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto.</i>			
Occupation <i>Sexton</i>			Where Residing if not at place of death <i>211 Engleride Ave</i>				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Arabella Sonerville</i>					
Father's Name <i>George Chase</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary Myers</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Philip W Chase</i>		How related to deceased <i>Nephew.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>refractive</i>	How long	<i>120</i>
Immediate	<i>Uremic Coma</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Marshall S West-</i>	
		Address <i>Catoonsville</i>	
Accident or Suicide?		<i>and</i>	



Name
in
Full

Walter W. Wiley

CERTIFICATE OF DEATH

Town

County

Died at

Spencer's Mt

Baltimore

MARYLAND

Date

of death 1902

Month

March

Day

18th

Age

Years

9

Months

4

Days

—

Sex

male

Color or
Race

Negro

Birth-
place

Spencer's Mt

Occupation

none

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Noble Wiley

Father's
Birthplace

Md

Mother's
Maiden Name

Anne Gwynne

Mother's
Birthplace

Md

Name of person giving
information

Noble Wiley

How related
to deceased

Father

CAUSES OF DEATH

Primary

Meningitis

(61)

How long

34 hours

Immediate

Meningitis

How long

36 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

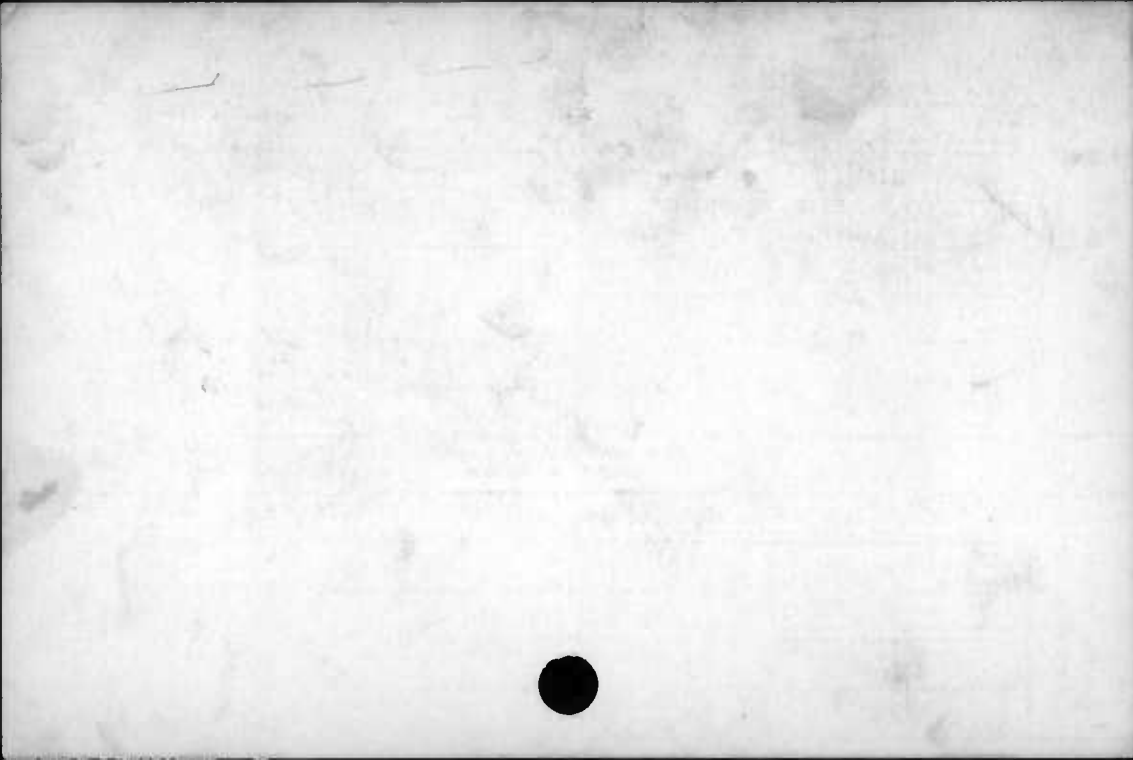
F. L. Blalock

Address

Spencer's Mt
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Rose T. Conroy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Hope Retriach		County Baltimore Co.		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Nov	12	35	abt.	unknown	
Sex		Color or Race		Birth-place			
Female		White		Baltimore Md.			
Occupation				Where Residing if not at place of death			
none				Baltimore Md.			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
unknown		unknown					
Mother's Maiden Name		Mother's Birthplace					
11		11					
Name of person giving information				How related to deceased			
Reed - Mt Hope Retriach				not at all			

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary	Mamma - Post Epilepsy	How long	6 or 7 yrs -
Immediate	Ex - Status Epilepticus	How long	Suddenly -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Frank J. Flannery M.D.	
		Address	
		Mt Hope Retriach	
		Mt Hope Md.	
Accident or Suicide?			



Name
in
Full

Anna E. Cullison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sudbrook</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>3rd</i>	Day <i>25</i>	Age <i>67</i>	Months <i>11</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Sudbrook</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Jesse Cullison</i>				
Father's Name <i>James Tansey</i>	Father's Birthplace <i>Scotland</i>		Mother's Birthplace <i>England</i>		
Mother's Maiden Name <i>Mary Hettler</i>	Name of person giving information <i>Mary Brook</i>		How related to deceased <i>Son-in-Law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	104	How long <i>One hour</i>
Immediate <i>Cardiac Arrhythmia</i>		How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. C. Siniuk</i> ^{per} <i>H. A. Haysler</i>
		Address <i>Woodlawn</i>
Accident or Suicide?		<i>Med</i>

Hampstead
Carroll Co

Name
in
Full

Celilia Davis

CERTIFICATE OF DEATH

Died at *Balto.* ^{Town} *Co* ^{County} *Alumhouse*

MARYLAND

Date of death *1907* ^{Month} *3* ^{Day} *7* ^{Years} *Age 84* Months DaysSex *female* Color or Race *Negro* Birth-place *Balto Co Md.*Occupation *COOK* Where Residing if not at place of deathMarried, Single or Widowed *Unknown* Name of Wife or Husband *Unknown*Father's Name *Unknown*Father's Birthplace *Unknown*Mother's Maiden Name *Unknown*Mother's Birthplace *Unknown*Name of person giving information *Alumhouse Register*

How related to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?

*Cerebral Hemorrhage**2 days**Dr. Thos. C. Bussay**Texas Md*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

To be buried by the
premises

A. N. Emerson

Name

in
Full

Leon Dammes

CERTIFICATE OF DEATH

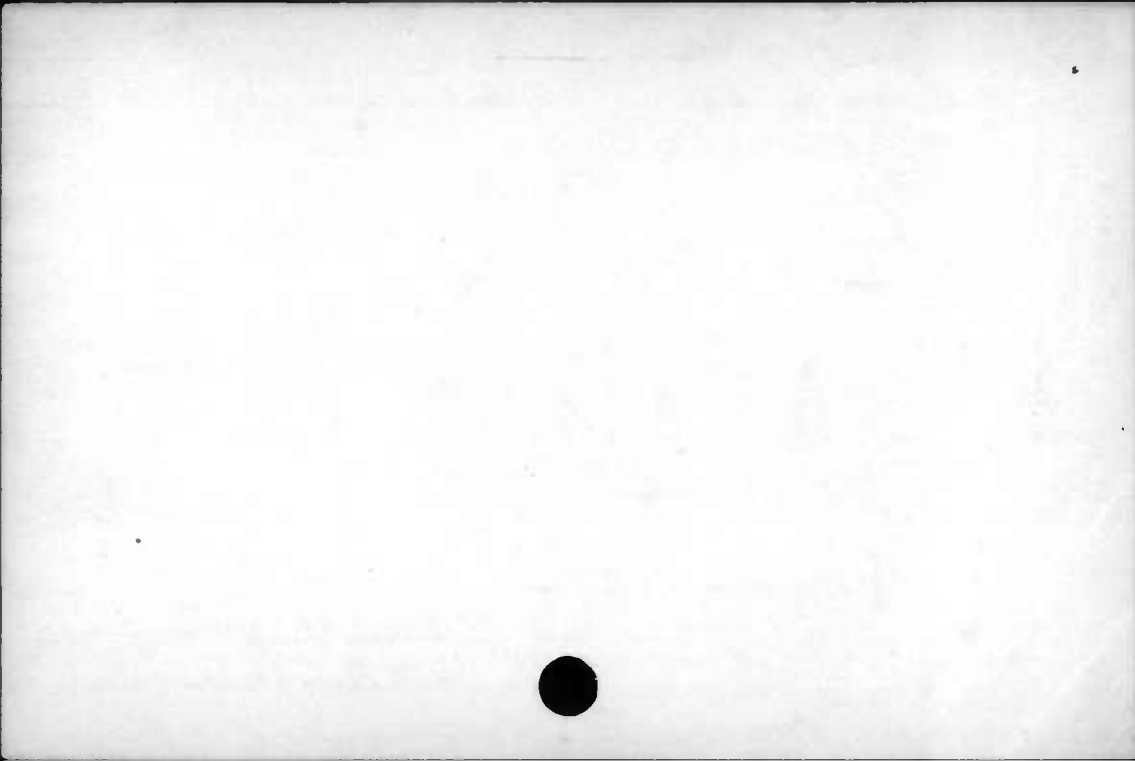
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodensburg</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1907	Month	March	Day	22	Age	21
Sex	Male		Color or Race	White		Birth-place	Baltimore City
Occupation	Shaw-Hat maker			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Lewis E. Dammes					Father's Birthplace	Baltimore City
Mother's Maiden Name	Merrilee Murphy					Mother's Birthplace	Baltimore City
Name of person giving information	Elsie Dammes					How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	16 mos.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. M. Slade
		Address	Reisterstown Med.
Accident or Suicide?			



Name
in
Full

Barbara Amelia Dill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Catonsville</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND								
Date of death	1907	Month	Mar	Day	13	Age	67	Years	3	Months	20	Days
Sex	Female		Color or Race	White		Birth-place	Germany					
Occupation	Wife			Where Residing if not at place of death								
Married, Single or Widowed	Married			Name of Wife or Husband Robert Paulus Dill								
Father's Name	Caspar Uebelacher						Father's Birthplace	Germany				
Mother's Maiden Name	Eleanora Bankert						Mother's Birthplace	"				
Name of person giving information	R P Dill						How related to deceased	Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

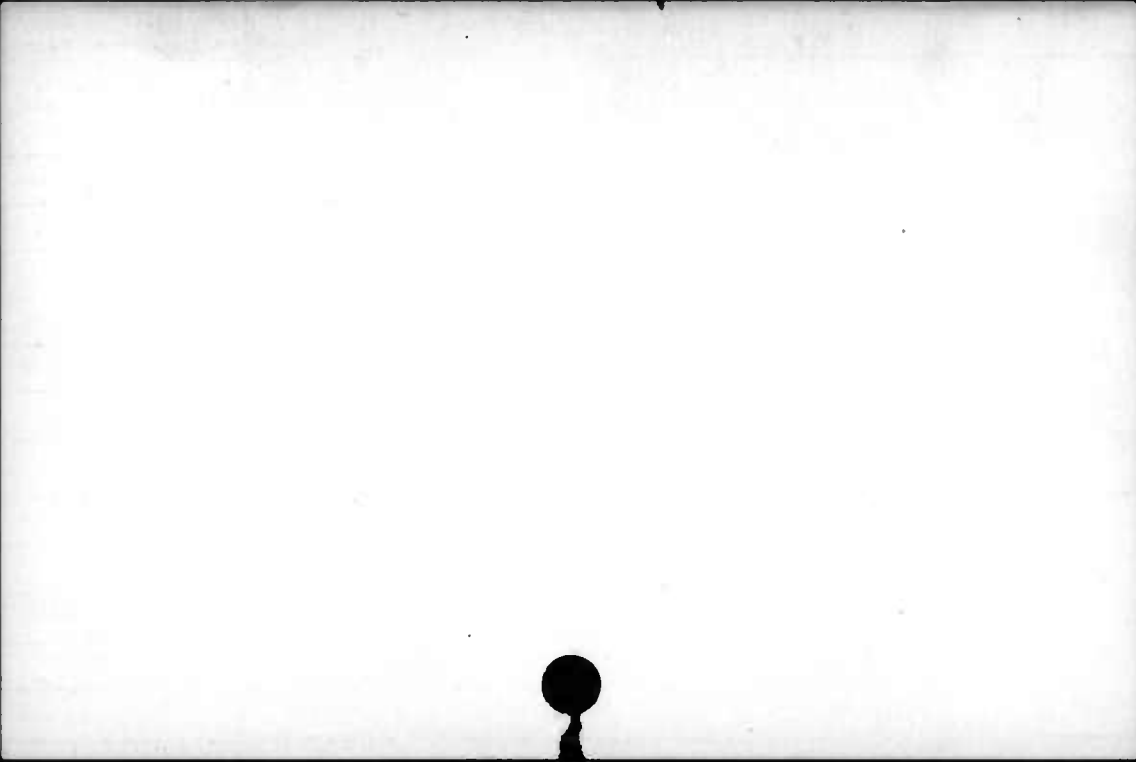
Primary	<u>Ch Interstitial Nephritis</u>	How long	<u>2 yrs</u>
Immediate	<u>Senile Gangrene</u>	How long	<u>1 mo</u>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Andrew Deuch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lower Barton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month	<u>March</u>	Day	<u>21st</u>
Age		<u>45</u>	Years	Months	Days
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u> </u>
Occupation	<u>Laborer</u>	Where Residing if not at place of death <u> </u>			
Married, Single or Widowed	<u> </u>	Name of Wife or Husband <u> </u>			
Father's Name	<u> </u>	Father's Birthplace		<u> </u>	
Mother's Maiden Name	<u> </u>	Mother's Birthplace		<u> </u>	
Name of person giving information	<u>A. F. Hyle</u>			How related to deceased <u>None</u>	

Stranger

CAUSES OF DEATH

Primary

SHow long

Immediate

Run over by carHow long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

David A. Thompson

Address

1500 Highland Ave

Accident or Suicide?

SuicideBaltimore MdPHYSICIAN
OR CORONER

Remove to City Hospital

Name
in
Full

Doyle, James Francis.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Agnes Hospital</i>		County <i>Balto.</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1907</i>	<i>March</i>	<i>11</i>	<i>24</i>		
Sex	Color or Race		Birth-place		
<i>Male</i>	<i>White</i>		<i>Balto.</i>		
Occupation	Where Residing if not at place of death				
<i>Clerk</i>	<i>1516 N. Henry St.</i>				
Married, Single or Widowed	Name of Wife or Husband				
<i>Single</i>					
Father's Name	Father's Birthplace				
<i>James F Doyle</i>	<i>Balto.</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Unknown.</i>	<i>Unknown.</i>				
Name of person giving information	How related to deceased				
<i>James F Doyle</i>	<i>Son</i>				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Acute Inflammation Stomach.</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>J. Shaw.</i>
		Address	<i>St Agnes Hospital.</i>
Accident or Suicide?			



Name
in
Full

Terence P Hoyle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	1907	Month	Mar	Day	3
Age		61		Years	
Sex	Male	Color or Race	White	Birth-place	Ireland
Occupation	Patrolman		Where Residing If not at place of death <i>Baltimore Md</i>		
Married, Single or Widowed	Single		Name of Wife or Husband <i>Batherine Bailey</i>		
Father's Name	<i>Patrick Hoyle</i>		Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name	<i>Mary Gahue</i>		Mother's Birthplace <i>Ireland</i>		
Name of person giving information	<i>Michael Hoyle</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>79</i>	How long	<i>—</i>
Immediate	<i>Paralysis of Heart</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. Shatmaier</i>
		Address	<i>Baltimore</i>
Accident or Suicide?	<i>no</i>		<i>no</i>



Name
in
Full

William Lunnigan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County			
Granville		Baltimore					
Date of death		Month	Day	Age	Years	Months	Days
1907		March	28	65			
Sex		Color or Race		Birth-place			
Male		white		Phoenix Md.			
Occupation		Where Residing if not at place of death					
Blacksmith							
Married, Single or Widowed		Name of Wife or Husband					
Married		Elizabeth Lunnigan					
Father's Name		Mother's Birthplace					
William Lunnigan		Not known					
Mother's Maiden Name		Mother's Birthplace					
Elizabeth Berry		Baltimore Md					
Name of person giving information		How related to deceased					
Annie Lunnigan		Daughter					

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary	Multiple Arteritis	How long	
Immediate	Cardiac Asthenia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		William E. Buppert M.D.	
		Address	
		Roslyn	
		Baltimore	
Accident or Suicide?			



Name in Full		Mary V. Eckert				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Abingdon		Baltimore		MARYLAND	
	Date of death	1907	Month 3	Day 6	Age 42	Months 5	Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death		Baltimore, Md.	
	Married, Single or Widowed	Married		Name of Husband		John D. Eckert	
	Father's Name	John Smith		Father's Birthplace		Germany	
	Mother's Maiden Name	Henrietta Weisberger		Mother's Birthplace		Germany	
	Name of person giving information	John D. Eckert		How related to deceased		Husband	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pneumonia double				How long	4 days
	Immediate	asphyxia				How long	1 hour
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					121, Jackson Square		
Accident or Suicide?							

To be buried in
Greenmount Cemetery
March 8" 1907 by
Henry W. Mears, Jr.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town}		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>31</i>	Age <i>22</i>	Years <i>3</i>	Months <i>19</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Housework</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Henry Beckhart</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Emma Lentz</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Henry Beckhart</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>4 weeks</i>
Immediate <i>Double Lobar Pneumonia</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Burke M.D.</i>
	Address <i>3042 Hudson St</i>
Accident or Suicide?	

J Burke, ^{Irish} ^{Combs}
Mt. Carmel Cemetery

Name
in
Full

Walter Embrey

CERTIFICATE OF DEATH

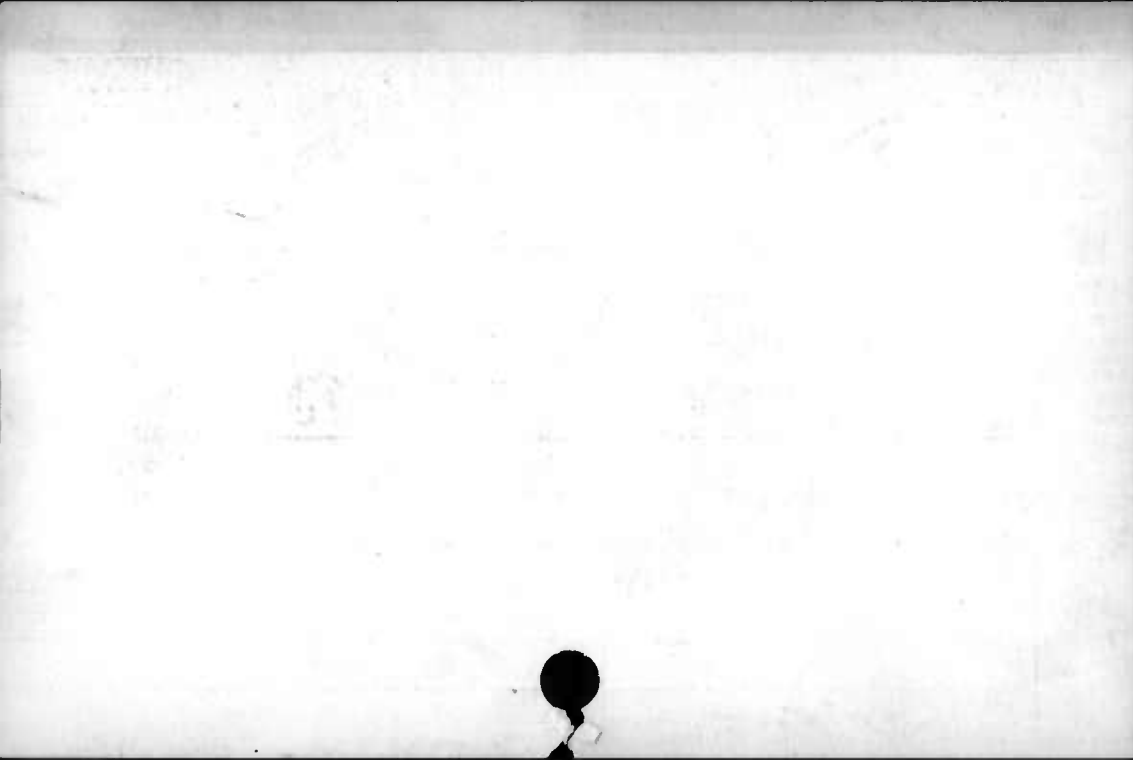
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Alberton</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>22</i>	Age <i>15</i>	Months <i>—</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ferguson Co. Va</i>		
Occupation <i>Latton Mill Operative</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Witson S. Embrey</i>		Father's Birthplace <i>White Ridge Co. Va.</i>			
Mother's Maiden Name <i>Lucy Pattie</i>		Mother's Birthplace <i>Culpeper Co. Va.</i>			
Name of person giving information <i>W. S. Embrey</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>3 weeks</i>
Immediate <i>Pulmonary Congestion</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Gambrell</i>
	Address <i>Alberton, Md</i>
Accident or Suicide?	



Name
in
Full

Warren St. John

Embrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Alberton ^{Town}

Bald ^{County}

Date of death 1907 ^{Month} March

27 ^{Day}

2 ^{Years} ^{Age}

0 ^{Months}

0 ^{Days}

Sex Male

Color or
Race

White

Birth-
place

Ca

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Winston S. Embrey

Father's
Birthplace

Virginia

Mother's
Maiden Name

Lucey Pattie

Mother's
Birthplace

Virginia

Name of person giving
In formation

Winston S. Embrey

How related
to deceased

Father

CAUSES OF DEATH

Primary

Muscles + Broncho - Pneumonia

How long

2 weeks

Immediate

Pulmonary Oedema + Cardiac Asthma

How long

6 hrs

Are the name, age, sex, color, date
and place correctly given above?

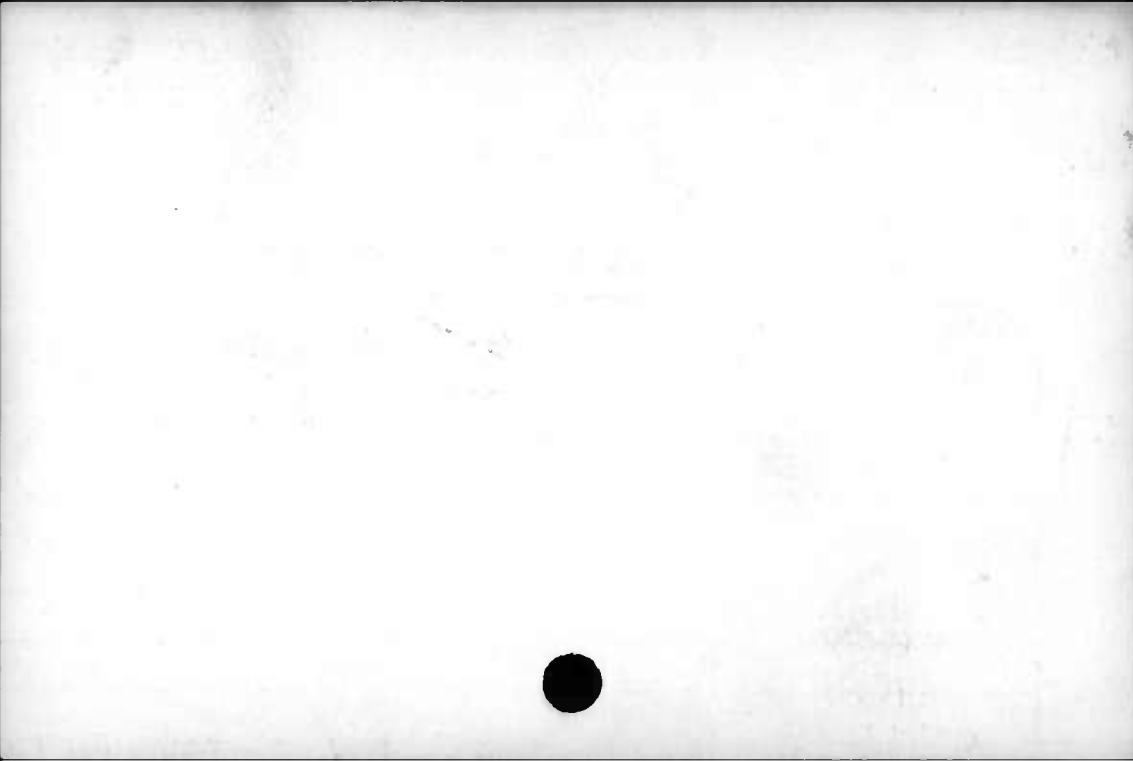
Signature of
Physician

Fran L. O. Miller M.D.

Address

Alberton Md

Accident or Suicide?



Name in Full (Miss) Elizabeth Finn		County Baltimore		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Mt. Washington		Town		MARYLAND	
	Date of death 1907	Month March	Day 17th	Age 44	Years 11	
	Sex Female		Color or Race White	Birth-place Leesburg, Va.	Days 7	
	Occupation House-keeper		Where Residing if not at place of death Mt. Washington			
	Married, Single or Widowed Single	Name of Wife or Husband none				
	Father's Name Patrick Finn	Father's Birthplace Ireland				
	Mother's Maiden Name Johanna Ryan	Mother's Birthplace Ireland				
Name of person giving information Dennis Finn		How related to deceased Brother				
CAUSES OF DEATH (178)						
PHYSICIAN OR CORONER	Primary Heart weakness		How long more than 1 yr.			
	Immediate Heart failure		How long Sudden.			
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician or Coroner H. Holliday Emick			
			Address Arlington, Md.			
	Accident or Suicide? Accidents					

Certificate received. 11⁴⁵ AM,
Mar. 21ST 1907 - Harry A. Maynor

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1993.

*S^t. Mary's Cemetery,
Gorham*

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Filrigal</i>		Town <i>Mt Hope Remont</i>		County <i>Baltimore Co</i>		MARYLAND	
Died at <i>Mt Hope Remont</i>		Date of death <i>1907</i>		Month <i>March</i>		Day <i>15th</i>	
Age <i>37</i>		Years <i>37</i>		Months <i>unknown</i>		Days <i>unknown</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Austria -</i>			
Occupation <i>wife of Butcher</i>		Where Residing if not at place of death <i>108 Douglass St Balto Md -</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>unknown</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>11</i>		Mother's Birthplace <i>11</i>					
Name of person giving information <i>Reeds Mt Hope Remont</i>		How related to deceased <i>not at all</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>mania acuti -</i>		(61)		How long <i>abt 7 mos -</i>	
Immediate <i>Ex. Sub acuti meningitis</i>				How long <i>abt 3 or 4 wks -</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Frank J. Flannery</i>			
		Address <i>Mt Hope Remont</i>			
		<i>Mt Hope Balto Co Md -</i>			
Accident or Suicide? <i>no</i>					



Name in Full *Francis Marion Ford.*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ashland</i> <small>Town</small>		<i>Balto.</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>3</i> <small>Month</small>	<i>24</i> <small>Day</small>	Age <i>72</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i>15</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>Carpenter</i>			Where Residing if not at place of death <i>Ashland Ind.</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Susan Ford.</i>				
Father's Name <i>Boyd Ford</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Julia Parlett</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Susan Ford</i>			How related to deceased <i>Wife.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Filoid Tuberculosis</i>	How long	<i>Several years.</i>
Immediate	<i>Exhaustion & Senility</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>		Signature of Physician <i>William C. Eason.</i>	
		Address <i>Cockysville.</i>	
		<i>Ind.</i>	
Accident or Suicide?			

Body to be buried by
Eunice & Price at Poplar
Cemetery on Tuesday next

Name
in
Full

George Albert Foster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cliffords Town Balto County
Date of death 1907 Month 3 Day 2 Age 28 Years Months Days
Sex Male Color or Race White Birth-place Cliffords
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Name of Wife or Husband _____
Father's Name Edw W. Foster Father's Birthplace Ind
Mother's Maiden Name Annie Emma Handman Mother's Birthplace Ind
Name of person giving Information Annie C. Foster How related to deceased Mother

CAUSES OF DEATH

(95)

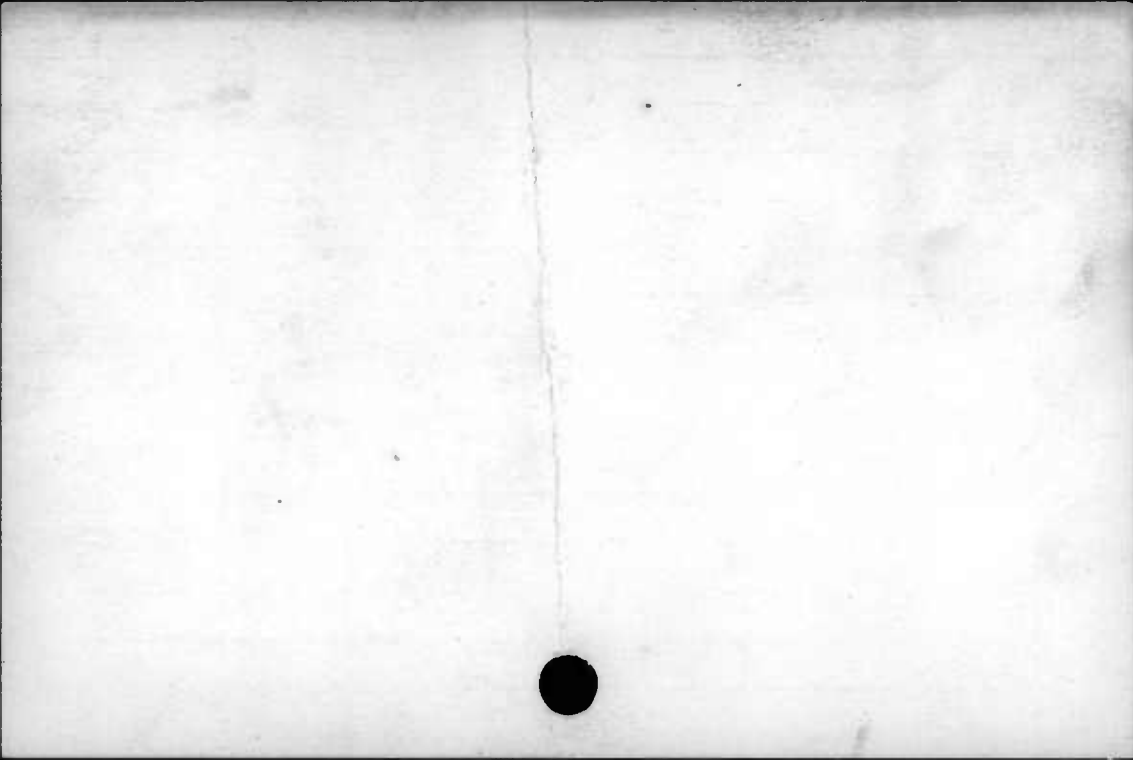
PHYSICIAN
OR CORONER

Primary Constitution of Lungs How long 18 hours
Immediate _____ How long _____

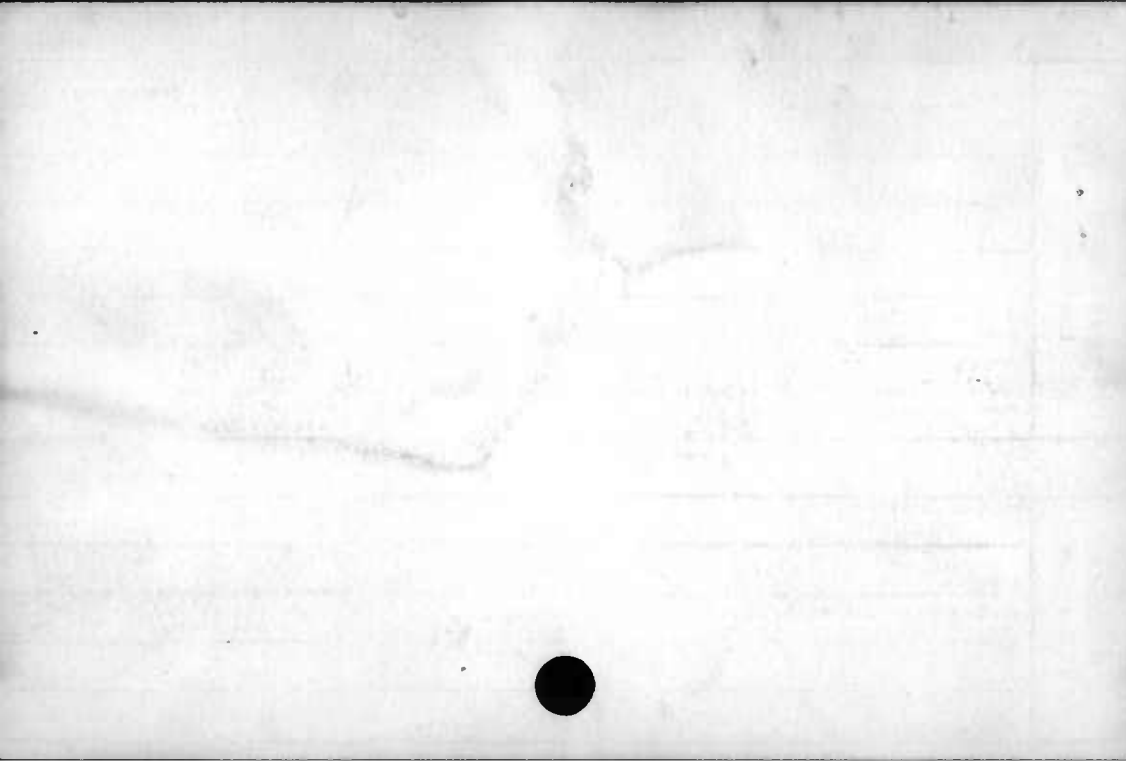
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Z. B. Hall
Address 1st Wmans

Accident or Suicide? _____



Name in Full		Howard Frank				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Brossville		County Beale		MARYLAND	
	Date of death	1907	Month Mar	Day 12	Age	Years	Months 21
	Sex	Male		Color or Race	White		Birth-place Md
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed				Name of Wife or Husband		
	Father's Name	Joseph Frank			Father's Birthplace	Md	
	Mother's Maiden Name	Katie Conner			Mother's Birthplace	Md	
Name of person giving information				How related to deceased			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(151)</div>							
PHYSICIAN OR CORONER	Primary	Inanition				How long	2 weeks
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician C. V. V. V. V.		
					Address Brossville Md		
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Child of Leopold + Mary E. Gehringer

Town Highlandtown County Balto MARYLAND

Died at

Date of death 1907 3 15 Age 4

Sex Male Color or Race White Birth-place Balto

Occupation None Where Residing If not at place of death 16th St. near Eastern

~~Married, Single~~
~~Widowed~~ Name of Wife or Husband

Father's Name Leopold Gehringer Father's Birth-place Balto

Mother's Maiden Name Mary E. Hale Mother's Birth-place "

Name of person giving Information Leopold Gehringer How related to deceased Father

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary Frigidity

Immediate Expiration

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Dr. S. C. Smith

Address 1420 E. 14th St.

Accident or Suicide?

Trinity born

Herwig son

3/16/07

Name
in
Full

Sidney Danard Gibbons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1907	Month	3	Day	18
Age	7	Years	6	Months	5
Sex	Male	Color or Race	White	Birth-place	Ma
Occupation	—		Where Residing if not at place of death <i>1118 3rd St</i>		
Married, Single or Widowed	Single	Name of Wife or Husband —			
Father's Name	<i>A. F. Gibbons</i>			Father's Birthplace	<i>Pa.</i>
Mother's Maiden Name	<i>Annie Wise Meyer</i>			Mother's Birthplace	<i>Pa.</i>
Name of person giving information	<i>Allen Gibbons</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia Lobular</i>	How long	<i>1 week</i>
Immediate	<i>Typhoid fever</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Geo. L. Prue m.d.</i>	
		Address <i>3 and 1/2 High</i>	
Accident or Suicide? <i>No</i>		<i>Highlandtown Md</i>	

Mt Carmel Cem
Jos B. Cook
Undertaker.

Name
in
Full

CERTIFICATE OF DEATH

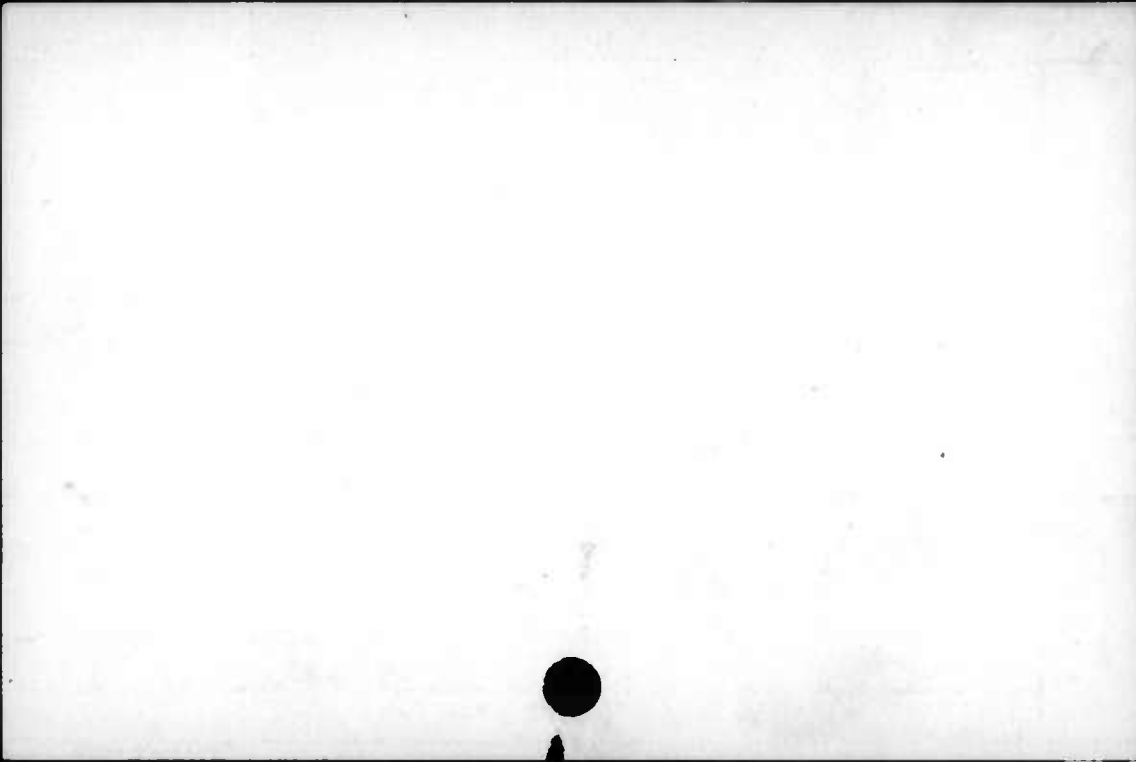
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Henry</i> <small>Town</small> <i>Glauss</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i> <small>Month</small> <i>Mar</i> <small>Day</small> <i>12</i> <small>Years</small> <i>74</i>	<small>Months</small>		<small>Days</small>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Germany</i>	
Occupation <i>Black Smith</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Catharine Glauss</i>	<i>Glauss</i>	
Father's Name <i>Peter</i>	Father's Birthplace <i>Germany</i>	<i>Glauss</i>	
Mother's Maiden Name <i>Catharine</i>	Mother's Birthplace <i>11</i>	<i>Glauss</i>	
Name of person giving information <i>Catharine</i>	How related to deceased <i>Wife</i>	<i>Glauss</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Retention of urine</i> 12	How long about <i>2 1/2</i> <i>years</i>
Immediate <i>Bright's disease</i>	How long about <i>2 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Campbell</i>
	Address <i>Cornings Mills. Ind</i>
Accident or Suicide?	



Name
in
Full

Burlah Albina Gore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>near Reisterstown</i>		^{County} <i>Balto</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>3</i>	Day <i>31</i>	Age <i>1</i>	Months <i>6</i> Days <i>28</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>—</i>		Birth-place	<i>near Reisterstown</i>	
Where Residing if not at place of death			<i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name	<i>William S. Gore</i>			Father's Birthplace	<i>Balto Co</i>
Mother's Maiden Name	<i>Ida M. Mahanna</i>			Mother's Birthplace	<i>Carroll Co</i>
Name of person giving information	<i>W. S. Gore</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Measles</i>	How long	<i>10 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H. W. Steddo</i>
		Address	<i>Reisterstown Mds</i>
Accident or Suicide?			<i>✓</i>



Name
In
Full

Mary E. Gorsuch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Thammar</i>		County <i>Baltimore</i>		MARYLAND		
Date of death		1907	Month <i>Mar</i>	Day <i>16</i>	Age <i>89</i>	Years	Months <i>10</i>	Days <i>0</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>				
Occupation <i>House</i>		Where Residing if not at place of death <i>Thammar Baltimore</i>						
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>						
Father's Name <i>Charles Bond Gorsuch</i>		Father's Birthplace <i>Baltimore Md</i>						
Mother's Maiden Name <i>Mary Thubert</i>		Mother's Birthplace <i>Baltimore Md</i>						
Name of person giving information <i>George H. Meyerson</i>		How related to deceased <i>Cousin</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age & failure of vital organs</i>	How long <i>6 months</i>
Immediate	<i>Paralysis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. J. E. Benson</i>
		Address <i>Cokeysville Md</i>
Accident or Suicide?		

Jessop Cemetery

Mar 19 -

16 Jan 54 210

Name
in
Full

John M. Gray

CERTIFICATE OF DEATH

Died at *Brooks Hill* ^{Town}*Baltimore* ^{County}

MARYLAND

Date of death *1907* ^{Month} *March* ^{Day} *28*Age *60* ^{Years}

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Baltimore Co*

Occupation

*Farmers hand*Where Residing if not
at place of death*_____*Married, Single
or Widowed*Married*Name of Wife or
Husband*Walburga, Blank Gray*Father's
Name*don't know*Father's
Birthplace*don't know*Mother's
Maiden Name*don't know*Mother's
Birthplace*don't know*Name of person giving
information*Walburga Gray*How related
to deceased*Wife*

CAUSES OF DEATH

Primary

Natural Causes

How long

9 months

Immediate

Consumption

How long

*6 weeks*Are the name, age, sex, color, date
and place correctly given above?*yes*

Signature of

P. A. Drummigan

Address

203 Toole St

Accident or Suicide?

*Natural**Coroner*TO BE ANSWERED BY
NEAREST FRIENDPhysician
OR CORONER
P. A. Drummigan

Sacred Heart Cemetery

April 1st 1907

Germanus France

Undertaker

Name
in
Full

John Green -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Walters</i> ^{Town} <i>P.O.</i>		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>7</i> ^{Month}	<i>14</i> ^{Day}	<i>—</i> ^{Age}	<i>4</i> ^{Months}	<i>18</i> ^{Days}
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>same</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Green</i>			Father's Birthplace <i>same</i>		
Mother's Maiden Name <i>Eugene Weisner</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>John Green</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Acute Pneumonia</i>	How long <i>12 hrs.</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. Harrison</i>
	Address <i>Prattville River Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Lewis A. Grimes

CERTIFICATE OF DEATH

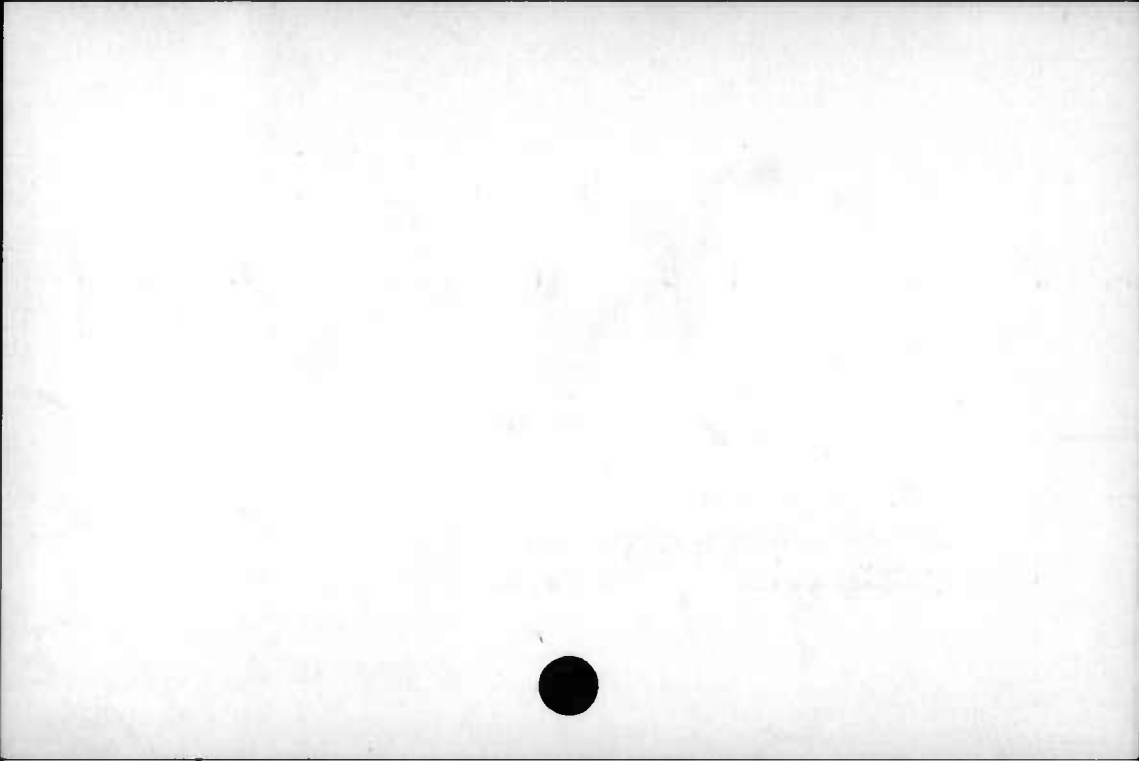
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Boring</i> Town		<i>Balt</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>3</i>	Day <i>1</i>	Age <i>58</i>	Years <i>58</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Ind</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Alitia Grimes</i>			
Father's Name <i>Dennis Grimes</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Sarah Poole</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>wife Mrs Grimes</i>		How related to deceased <i>wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>7 days</i>
Immediate <i>Paralysis</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Joseph Wilson M.D.</i>
	Address <i>Fruitland Ind</i>
Accident or Suicide?	



Name
in
Full

Frederick Gross.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>March</i>	Day	<i>31</i>	Age	<i>55</i>	Years	<i>4</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months		Days <i>22</i>	
Occupation <i>Coal Merchant</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ida L. Gross</i>							
Father's Name <i>Friedrich Jacob Gross</i>				Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Emma Zimmer</i>				Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Ida L. Gross</i>				How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Influenza</i>	How long	<i>one week</i>
Immediate	<i>acute Phrenitis</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. Williams MD</i>	
		Address <i>1008 Chesapeake</i>	
Accident or Suicide? <i>No</i>		✓	

Dr Williams

Rocky Mountain

Name
in
Full

Rev. J. L. Ruthberlet

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes Hospital</i>		Town <i>Balto.</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>March</i>	Day <i>28</i>	Age	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>				
Occupation <i>Clergyman.</i>	Where Residing if not at place of death <i>Philadelphia</i>						
Married, Single or Widowed <i>Single.</i>	Name of Wife or Husband						
Father's Name <i>John Ruthberlet</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Mary Leachman John.</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>Deceased</i>	How related to deceased						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Acute miliary Tuberculosis.</i>	How long <i>4 mos.</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes-</i>	Signature of Physician <i>J. W. Shaw</i>	Address <i>St. Agnes Hospital</i>
Accident or Suicide?		



Name
in
Full

No Name

Guy

CERTIFICATE OF DEATH

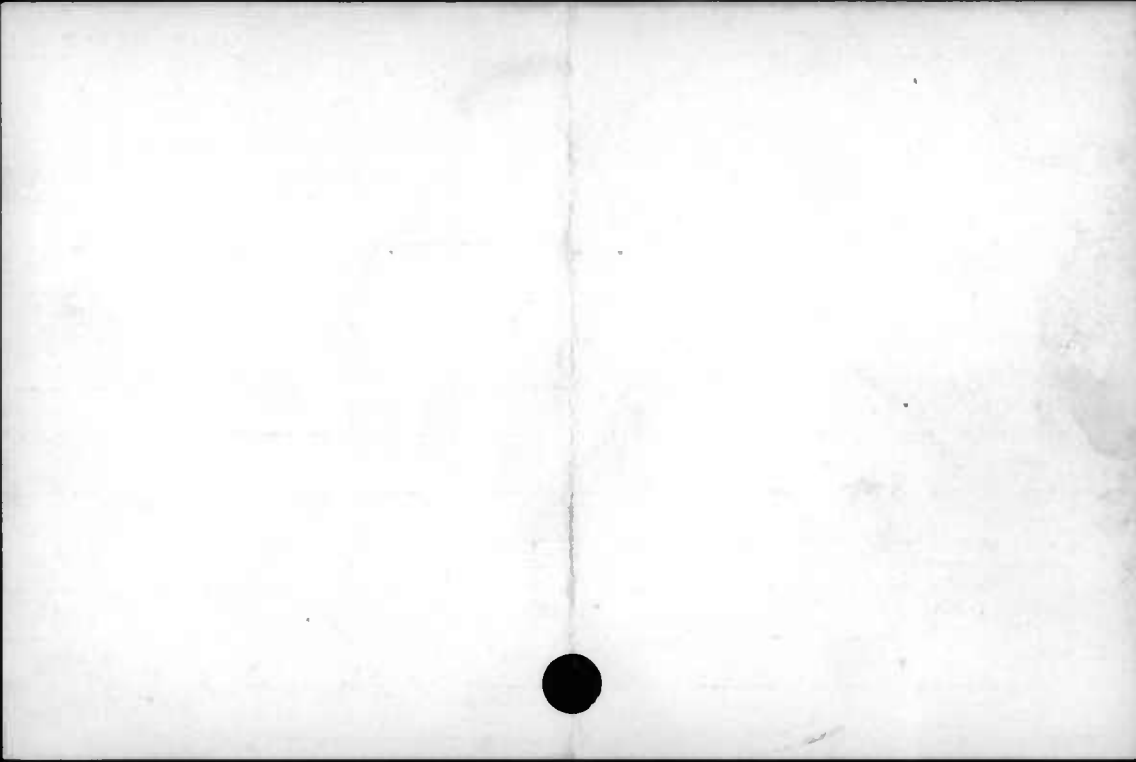
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Baldern		County Baldern		MARYLAND	
Date of death 190		Month April		Day 5		Age Years	
Sex Male		Color or Race Black		Birth- place Baldern		Months	
Occupation		Where Residing if not at place of death				Days	
Married, Single		Name of Wife or Husband					
Father's Name		not known		Father's Birthplace			
Mother's Maiden Name		Harriet Guy		Mother's Birthplace		Bel Air	
Name of person giving In formation		Isaac Guy		How related to deceased		Grand- father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	How long	
Immediate	" "	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		Jno. S. Sheen Bittings	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Hackney* Town *Sparrow Point* County *Md* MARYLAND

Died at *Sparrow Point*

Date of death 1907 *Mar* 15 Age *33* Months *-* Days *-*

Sex *Male* Color or Race *Negro* Birth-place *Virginia*

Occupation *Laborer* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Va.*

Mother's Maiden Name *Unknown* Mother's Birthplace *Va.*

Name of person giving information *For Blair* How related to deceased *None*

CAUSES OF DEATH

(166)

PHYSICIAN
OR CORONER

Primary *Accident. Falling from top of furnace.*

Immediate *-*

How long

How long

Write the name, age, sex, color, date and place correctly given above

Signature of Physician

Address

Accident or Suicide?

Accident

For Blair P.
Sparrow Point
Md.



Name
in
Full

Clara Estelle Hahn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Calverville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month}	<i>Mar</i> ^{Day}	<i>30</i> ^{Age}	<i>6</i> ^{Years}	<i>—</i> ^{Months}
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>—</i>		Birth-place	<i>Calverville</i>	
Married, Single or Widowed			Where Residing if not at place of death		
Name of Wife or Husband					
Father's Name			<i>Edward J. Hahn</i>		
Mother's Maiden Name			<i>Anna Catherine Link</i>		
Name of person giving information			<i>E J Hahn</i>		
Father's Birthplace			<i>Balto Co Md</i>		
Mother's Birthplace			<i>—</i>		
How related to deceased			<i>Father</i>		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Broncho Pneumonia</i>	How long	<i>1 week</i>
Immediate	<i>Oedema</i>	How long	<i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Dr J Malfeldt</i>	
		Address	
		<i>Calverville Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

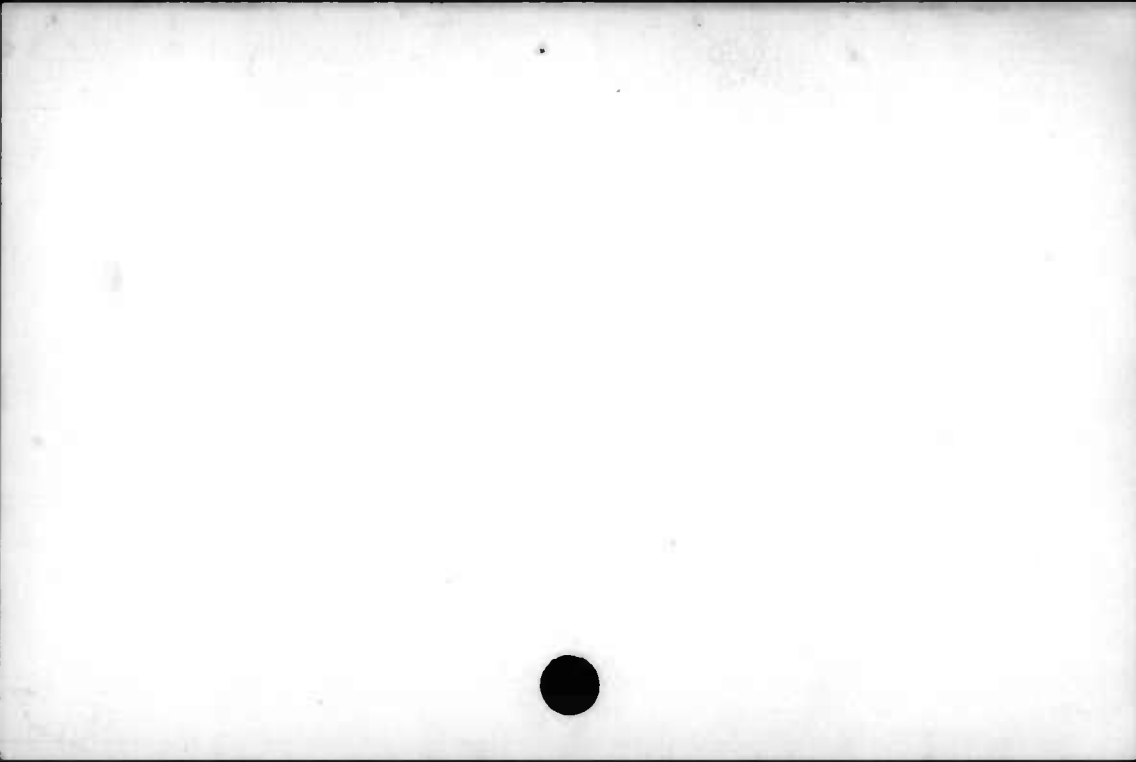
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>George Hall</i>		Town <i>Monkton</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Mar</i>		Day <i>4</i>		Age	
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Maryland</i>		Months	
Occupation <i>Labrier</i>		Where Residing if not at place of death				Days	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Mary Jane Hall</i>					
Father's Name <i>Geo Hall</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Polly Bradley</i>		Mother's Birthplace					
Name of person giving information <i>Georgianna Johnston</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Broncho Pneumonia</i>	How long	<i>1 week</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. F. Bradley</i>	
		Address <i>Garnettsville Md</i>	
Accident or Suicide?			



Name
in
Full

Jam. L. Hall.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Canton		^{County} Baltimore		MARYLAND	
Date of death 1907	Month March	Day 29	Age 21	Months 4	Days 26
Sex Male	Color or Race white		Birth-place Maryland		
Occupation Brakeman			Where Residing if not at place of death 31 East Ave		
Married, Single or Widowed Married	Name of Wife or Husband Ida. Hall.				
Father's Name Chas. Hall	Father's Birthplace Pa				
Mother's Maiden Name Henrietta Hall	Mother's Birthplace Ger.				
Name of person giving information Jas. F. Black.			How related to deceased Cousin		

CAUSES OF DEATH

166

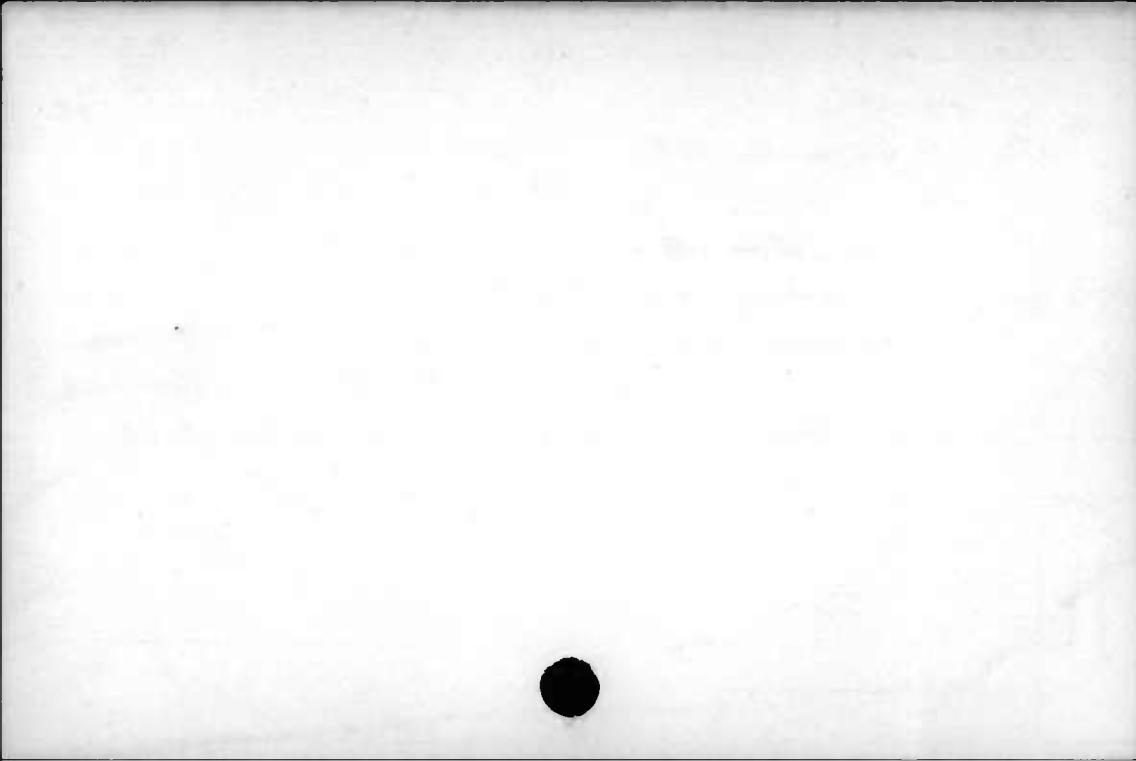
PHYSICIAN
OR CORONER
P.A. Drummigan

Primary	Run over by train	How long	15. Minutes
Immediate	Crushed to death	How long	15 "
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician P.A. Drummigan	
		Address 203 Foote St.	
Accident or Suicide? Accident		Coroner	

C. J. Fanning
St. P. 5th Refuse

CERTIFICATE OF DEATH

CAUSES OF DEATH



Name
in
Full

Eliza Heathcote

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tueseland</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days
<i>7</i>	<i>March</i>	<i>22</i>	<i>80</i>	<i>11</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ohio</i>		
Married, Single or Widowed <i>Widowed</i>	Occupation <i>Housekeeper</i>				
Name of Wife or Husband <i>Martin Heathcote</i>					
Father's Name <i>Peter Keller</i>			Father's Birthplace <i>Penna</i>		
Mother's Maiden Name <i>Young</i>			Mother's Birthplace <i>Penna</i>		
Name of person giving information <i>Milton Heathcote</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Infirmities of age</i>	How long	<i>3 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Daniel V. Moyer</i>	
		Address	
		<i>Maryland</i>	
Accident or Suicide?		<i>Md</i>	



Name
in
Full

Thomas (Hessian) Hessian

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
Timonium		Baltimore		Co.		MARYLAND	
Date of death	1907	Month	Mar.	Day	15	Age	47
Sex	Male	Color or Race	White	Birth-place	Timonium		
Occupation	Labor			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single				None			
Father's Name				Father's Birthplace			
Thomas Hessian				Ireland			
Mother's Maiden Name				Mother's Birthplace			
Mary Nocton				Ireland			
Name of person giving information				How related to deceased			
Mary Kelley				Sister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hypertrophic	How long	
Immediate	Cirrhosis of Liver	How long	about 4 mos.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. Thos. C. Bussey	
		Address	
		Texas	
Accident or Suicide?		Md	

John Burns' Sons

Burial at
St Joseph's Texas

Name
in
Full

Benjamin W Hines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cary Town Baltimore County MARYLAND

Date of death 1907 Month 3 Day 13 Age 55 Years 2 Months 2 Days

Sex Male Color or Race white Birth-place Maryland

Occupation Farmer Where Residing if not at place of death Cary

~~Married~~ Single ~~or Widowed~~ Name of Wife or Husband

Father's Name J. Hines Father's Birthplace Europe

Mother's Maiden Name M. Hines Mother's Birthplace "

Name of person giving information Maggie Hines How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis of Lung How long 2 yrs

Immediate Tuberculosis of Lung How long "

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Geary L. Long M.D.

Address Hamilton, Ind

Accident or Suicide? no

St Michaels

Name
in
Full

Matthew E. Holmes

CERTIFICATE OF DEATH

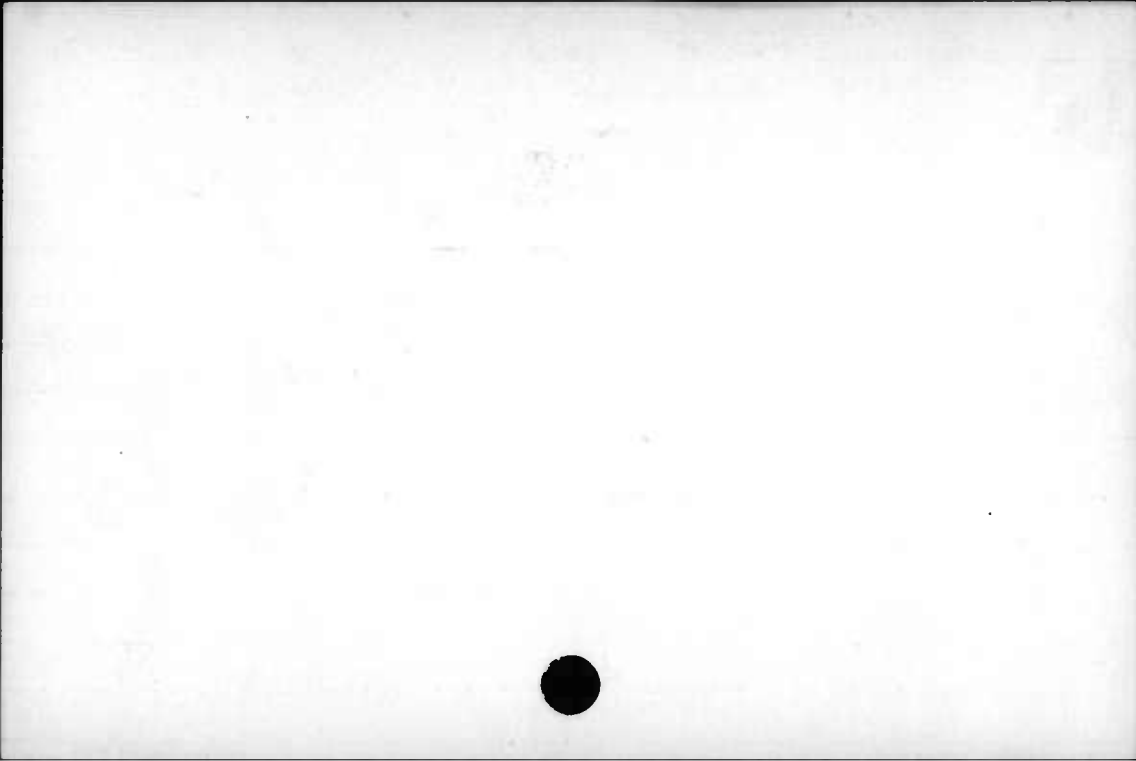
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Seatonsville</i>		County <i>Baltimore</i>		State MARYLAND	
Date of death		1907	Month <i>Mar</i>	Day <i>30</i>	Age <i>66</i>	Years	Months Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>A. Va</i>			
Occupation <i>Merchant</i>				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband <i>Elizabeth S. Holmes</i>			
Father's Name <i>Nathaniel Holmes</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Sabrina Holt</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile dementia</i>		(10)		How long <i>3 or 4 years</i>	
Immediate <i>Grippe</i>				How long <i>3 weeks</i>	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician <i>W. Rushmer White</i>	
		Address <i>Seatonsville Md</i>			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary E. Hughes</i>		Town <i>Highlandtown</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Month <i>March</i>		Day <i>5th</i>		Years <i>14</i>	
Date of death <i>1907</i>		Months <i>5</i>		Days <i>8</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balt. Co</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Thomas M. Hughes</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary A. Jefferson</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Thomas M. Hughes</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Lobar Pneumonia</i>	How long	<i>14 days</i>
Immediate	<i>Cardiac Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. N. Atkey</i>	
		Address <i>2 Ashland St</i>	
Accident or Suicide?			

Oak Lawn

Dr. Arthey.

H. Sander Son

Name
in
Full

Adison Jacobs

11111-
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Canton ^{Town} Balto ^{County} MARYLAND

Date of death 1907 ^{Month} such ^{Day} 16 ^{Years} Age ^{Months} 5 ^{Days} 16

Sex Female Color or Race Colored Birth-place Canton Md

Occupation none Where Residing if not at place of death 311-2nd Ave

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Paul Jacobs Father's Birthplace N.C

Mother's Maiden Name Mary Froerer Mother's Birthplace N.C

Name of person giving information Mary Froerer How related to deceased Mother

CAUSES OF DEATH

Primary Heavy Cold How long 7 days

Immediate Spysms How long 5 hours

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician P. Q. Drummigan

Address 203 Toome St.

Coroner

Accident or Suicide? Natural

Physician
OR CORONER
P. Q. Drummigan

Alfred Hensley
Astbury Conn

Name
in
Full

Margie Macgill (James)

CERTIFICATE OF DEATH

Died at <i>Catonsville</i> Town <i>Baltimore</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>16th</i>	Age <i>36</i> Years
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Catonsville</i>	Months <i></i> Days <i></i>
Occupation <i>Housewife</i>	Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Torman James</i>		
Father's Name <i>D. Chas. J. W. Macgill</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>McEwen</i>	Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>T. H. James</i>	How related to deceased <i></i>		

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary <i>Uræmia</i>	How long <i>120</i>
Immediate	How long

PHYSICIAN
OR CORONER

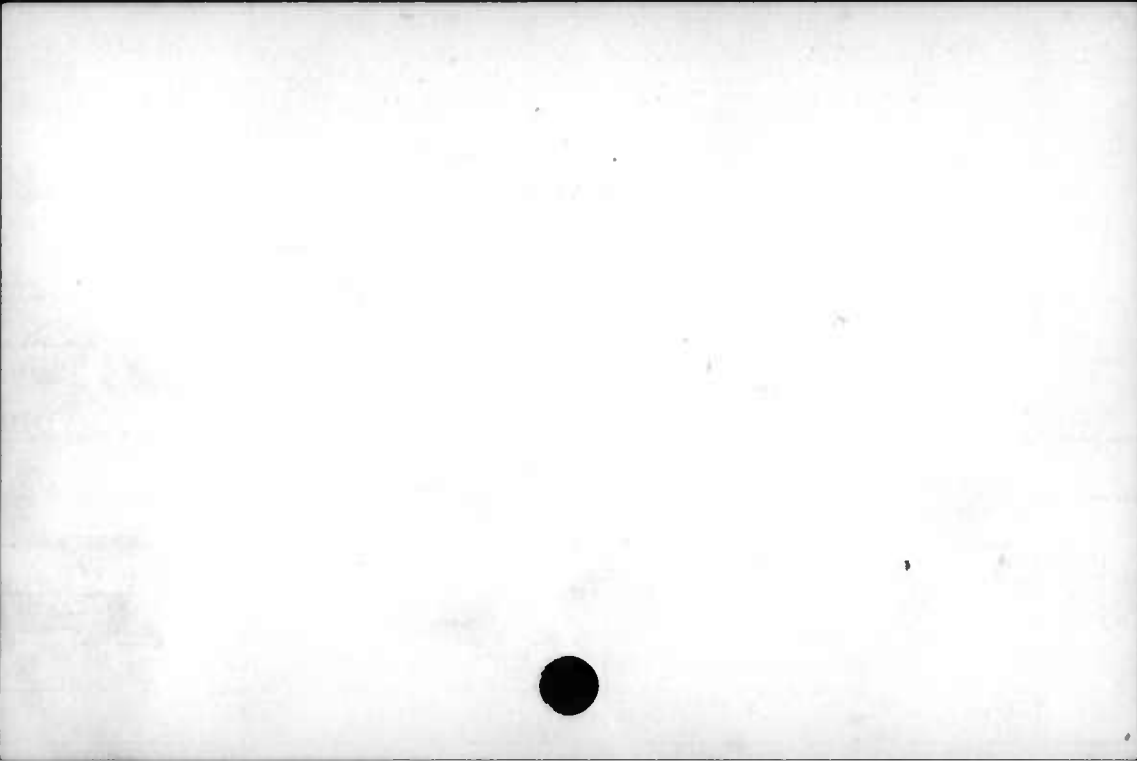
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Whitridge William
1122 Cathedral St.
Baltimore



Name
in
Full

Not named

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonville</i> ^{Town}		<i>James</i> ^{County}		Baltimore &		MARYLAND	
Date of death	1907	Month	3	Day	15	Age	<i>One year and a half</i>
Sex	<i>girl</i>	Color or Race	<i>White</i>	Birth-place	<i>Catonville</i>		
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	—			Name of Wife or Husband —			
Father's Name	<i>Norman James</i>			Father's Birthplace	<i>Catonville Md</i>		
Mother's Maiden Name	<i>Margie Macgill</i>			Mother's Birthplace	<i>Catonville Md</i>		
Name of person giving information	<i>J Chas Macgill</i>			How related to deceased	<i>Brother</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Letus of six months</i>	How long	—
Immediate	<i>Abortion for the relief of Catonville</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J Chas Macgill</i>
		Address	<i>Catonville</i>
Accident or Suicide?		—	



Name
in
Full

CERTIFICATE OF DEATH

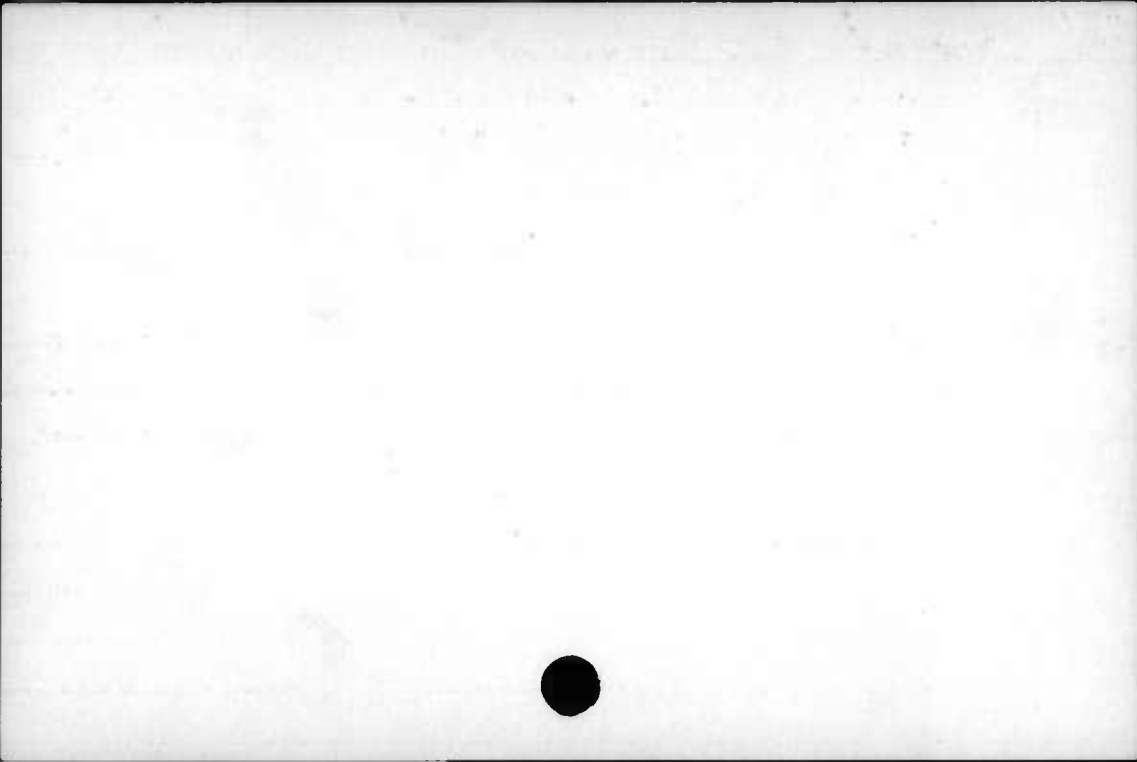
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pikesville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>3</i>	Day	<i>24</i>
				Age	<i>1</i>
				Months	<i>8</i>
				Days	<i>—</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Bolton Co</i>
Occupation	<i>—</i>	Where Residing if not at place of death <i>Pikesville</i>			
Married, Single or Widowed	<i>—</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Samuel Johnson</i>			Father's Birthplace	<i>Bolton City</i>
Mother's Maiden Name	<i>Rose E. Mack</i>			Mother's Birthplace	<i>Carroll Co.</i>
Name of person giving information	<i>Saml. Johnson</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Natural Causes —</i>	How long	<i>unknown</i>
Immediate	<i>" "</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Henry A. Maylor - Health Officer</i>	
<i>yes —</i>		Address <i>Pikesville</i>	
Accident or Suicide?		<i>Med.</i>	



Name
in
Full

Sarah E. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monkton, Md.</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar.</i>	Day <i>3</i>	Age <i>86</i>	Years	Months <i>11</i>	Days <i>16</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>				
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>single</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>James Johnson</i>			Father's Birthplace <i>Balt. Co., Md.</i>				
Mother's Maiden Name <i>Catharine Miles</i>			Mother's Birthplace <i>Balt. Co., Md.</i>				
Name of person giving information <i>Wm. T. Amos</i>			How related to deceased <i>Niece's husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	} <i>Apoplexy</i>	(64)	How long	<i>4 days 5 1/2 hrs.</i>	
Immediate			How long		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos. H. Emory, D.D.</i>	Address <i>Monkton, Md.</i>		
Accident or Suicide? <i>no</i>		✓			



Name
in
Full

CERTIFICATE OF DEATH

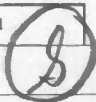
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Highland</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Mar	9				
Sex		Color or Race		Birth-place			
Male		White		Ma			
Occupation				Where Residing if not at place of death			
None							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Harry Jones				Ma			
Mother's Maiden Name				Mother's Birthplace			
Sadie Schlegel				Ma			
Name of person giving information				How related to deceased			
Miss Jones				Sister			

CAUSES OF DEATH

Primary

Still born



How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

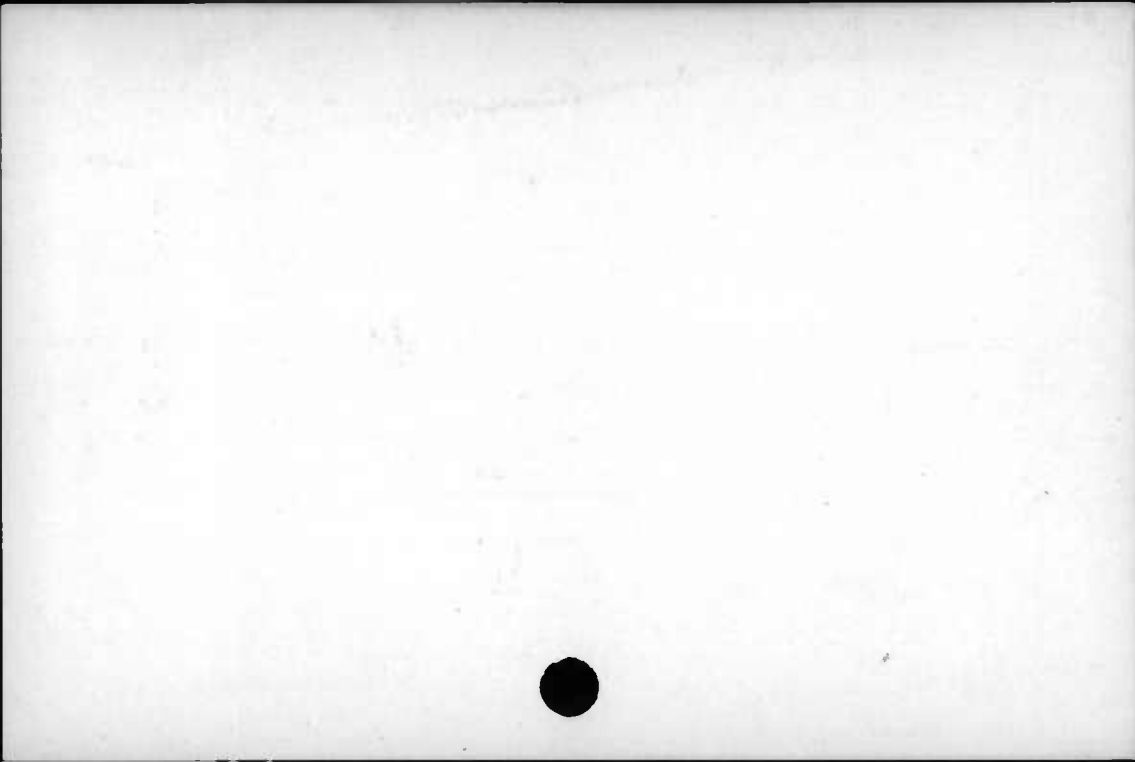
J. Warner
1120 Highland

Accident or Suicide?

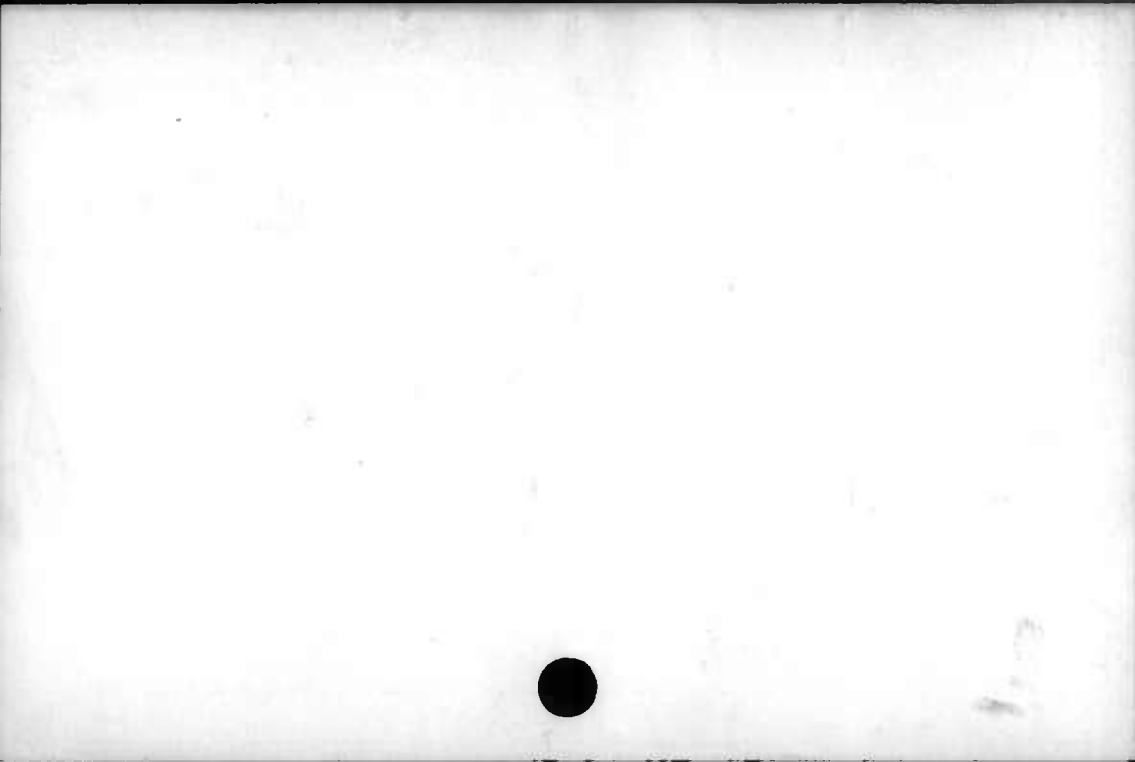


Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Seatonsville</u> <small>Town</small>		<u>Porto</u> <small>County</small>		MARYLAND
	Date of death <u>1907</u> <small>Month</small> <u>March</u> <small>Day</small> <u>12</u>		Age <u>62</u> <small>Years</small>		<small>Months</small> <small>Days</small>
	Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Ind.</u>		
	Occupation <u>Housewife</u>		Where Residing if not at place of death		
	Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>George W. Thurman</u>			
	Father's Name <u>unknown</u>	Father's Birthplace <u>unknown</u>			
	Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>unknown</u>			
	Name of person giving information <u>—</u>		How related to deceased		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Dementia</u>		How long <u>8 yrs.</u>		
	Immediate <u>Cerebral Hemorrhage</u>		How long <u>4 days</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>[Signature]</u>		
			Address <u>Seatonsville, Md.</u>		
	Accident or Suicide? <u>No.</u>				

64



Name in Full		Charles H Korman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Woodensbury	County Bell		MARYLAND	
	Date of death	190	Month 3	Day 18	Age 1	Months 4	Days
	Sex	Male		Color or Race	White		Birth- place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Peter Korman				Father's Birthplace	Ind
PHYSICIAN OR CORONER	Mother's Maiden Name	Rosa Brathuhn				Mother's Birthplace.	Ind
	Name of person giving In formation	Rosa Brathuhn				How related to deceased	mother
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Chronic Enteritis				How long	about 1 yr
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Joe H Wilson
						Address	Fredericksburg
	Accident or Suicide?						



Name
in
Full

Albert H. Kirkendall.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barny</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>7th</i>	Age <i>52</i>	Years	Months	Days			
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Co.</i>						
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>1</i>								
Married, Single or Widowed <i>Divorced</i>	Name of Wife or Husband <i>Emma Johnson</i>								
Father's Name <i>Amos Kirkendall</i>	Father's Birthplace <i>Maryland</i>								
Mother's Maiden Name <i>Hannah Parrott</i>	Mother's Birthplace <i>Maryland</i>								
Name of person giving information <i>Leonard Kirkendall</i>	How related to deceased <i>Son</i>								

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Kidney & Heart Disease</i>	How long <i>About 18 mos.</i>
Immediate <i>Uræmia</i>	How long <i>About 24 hours.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. J. Harrison</i>
	Address <i>Loch Raven</i>
Accident or Suicide?	<input checked="" type="checkbox"/>

Hias - Parkville

Name
in
Full

Lillian E. Knorr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Goraustown</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	1907	Month	March	Day	30
Age		18		Years	
Sex		Female		Color or Race	white
Occupation		None		Birth-place	Balto.
Where Residing if not at place of death					
Married, Single or Widowed		Single			
Name of Wife or Husband					
Father's Name		U. S. G. Knorr		Father's Birthplace	Balto
Mother's Maiden Name		Kate B. Krisk		Mother's Birthplace	" "
Name of person giving information		Kate B. Knorr		How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. H. Duane	
Address		Goraustown	
Accident or Suicide?		No	

27

Mr. Carmel Herwig
John Herwig & Son
3/31/07

Name
in
Full

Maggie C. Krutz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Winans		County Balto		MARYLAND	
Date of death	1907	Month 3	Day 10	Age	32	Months 1	Days 19
Sex	Female		Color or Race	White		Birth- place	Va
Occupation	House wife			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			August L. Krutz			
Father's Name	J. J. Askew			Father's Birthplace			
Mother's Maiden Name	Unknown			Mother's Birthplace			
Name of person giving In formation	August L. Krutz			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	3 months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Z. S. Hall	
Address		Mt Winans	
Accident or Suicide?		✓	

Geo. J. Smith & Co.
London Park.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Child of Jos. + Amanda J. Murdle		Town Highlandtown		County Baltimore		MARYLAND	
Died at		Month 3		Day 25		Age —	
Date of death 1907		Years		Months		Days	
Sex Female		Color or Race White		Birth-place Baltimore			
Occupation —		Where Residing if not at place of death 16 Eastern Ave Ept					
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Jos. Murdle		Father's Birthplace Baltimore					
Mother's Maiden Name Amanda J. Potter		Mother's Birthplace —					
Name of person giving information Jos. Murdle		How related to deceased Father					

CAUSES OF DEATH

Primary	Premature Birth	How long	(8)
Immediate	" " "	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Geo. Heller, M.D.	
Address		1937ough St. Baltimore	
Accident or Suicide?		neither	

PHYSICIAN
OR CORONER

~~St. Alphonsus~~ ~~Conn.~~

Baltimore Conn.

Hervig & Son

3/27/07

Name
in
Full

William Kurster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes Hospital</i> <small>Town</small>			<i>Balto.</i> <small>County</small>			MARYLAND	
Date of death <i>1907</i>		<i>March</i> <small>Month</small>	<i>24</i> <small>Day</small>	Age <i>26</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>	
Sex <i>Male</i>			Color or Race <i>W. White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Grocer.</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Matilda Kurster.</i>					
Father's Name <i>Wm. Kurster.</i>		Father's Birthplace <i>Balto.</i>					
Mother's Maiden Name <i>Unknown.</i>		Mother's Birthplace <i>Unknown.</i>					
Name of person giving information <i>Matilda Kurster.</i>		How related to deceased <i>Wife.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebro Spinal Meningitis</i>	How long <i>4 days.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. W. Shaw</i>
	Address <i>St Agnes Hospital.</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Elizabeth Seach		Poland Park		Baltimore
	Died at		Town		County
	Date of death		1907	Month	March
			Day	25	Age
			Years	70	Months
			Days		
	Sex		Female	Color or Race	White
	Birth place		Russville Ky		
PHYSICIAN OR CORONER	Occupation		Housekeeper		Where Residing if not at place of death
			742 Weymouth St		
	Married, Single or Widowed		Widowed		Name of Wife or Husband
			Jas. Leach		
	Father's Name		Not Known		Father's Birthplace
			Not Known		
	Mother's Maiden Name		4		Mother's Birthplace
Name of person giving information		Mrs. Halstrom		How related to deceased	
				Daughter	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		Acute Pleurisy		How long
			Pneumonia		7 days
	Immediate				How long
					36 hours.
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician
				M. Gibson	Address
				Poland Park Md	
Accident or Suicide?		No			

A. S. MacLach
3539 Fall Street
Mar 27-07
London Park

Name
in
Full

William Leach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Edmonston, As Sts* *Balto.*
Town County

MARYLAND

Date of death *1907* *March* *22* *Age* *70* *Months* *6* *Days*Sex *Male* Color or Race *White* Birth-place *Balto. Ind.*Occupation *Photographer* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Amanda A. DeCourse*Father's Name *William Leach* Father's Birthplace *N.Y.*Mother's Maiden Name *Mary Cornell* Mother's Birthplace *N.Y.*Name of person giving information *Mrs Leach* How related deceased *Wife*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONERPrimary *Acute Pharyngitis, Lobes Pneumonia* How long *One week*Immediate *Syncope* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Hennell Monmouth*
Address *Dickerville, Ind.*

Accident or Suicide?

for Burial at
Lorraine Cemetery "
E. M. Mitchell

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Rudolph Lemke Sr

Died at **Canton** Town **Baltimore** County
MARYLAND

Date of death **1907** Month **March** Day **24** Age **75** Years Months **6** Days **5**

Sex **Male** Color or Race **White** Birth-place **Germany**

Occupation **Retired** Where Residing if not at place of death **Canton**

Married, Single or Widowed **Married** Name of Wife or Husband **Helen Lemke**

Father's Name **Not Known** Father's Birthplace **Germany**

Mother's Maiden Name **Not Known** Mother's Birthplace **Germany**

Name of person giving information **Rudolph Lemke Jr** How related to deceased **Son**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Apoplexy** (64) How long **5**

Immediate

Are the name, age, sex, color, date and place correctly given above? **yes**

Signature of Physician **J. S. Warner**

Address **1120 Highland Ave.**

Accident or Suicide? **no**

D. Harner

W. C. Cannel

H. Sander Lans

Sept 19. 1832

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodlawn</i>		Town <i>Baltimore</i>		County	
Date of death	<i>1907</i>	Month <i>Mar</i>	Day <i>30</i>	Age <i>—</i>	Years
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>—</i>		Birth-place	<i>Woodlawn</i>	
Married, Single or Widowed			Where Residing if not at place of death		
Father's Name <i>John Leppert</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Annie Ocker</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>J. Leppert</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Infantile Paralysis</i>	How long
Immediate	<i>Convulsions</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. C. Smuck</i>
		Address <i>Woodlawn St</i>
		<i>Baltimore Md</i>
Accident or Suicide?		



Name
in
Full

Sophia C. Lloyd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rossville		County Baltimore		MARYLAND	
Date of death	1907	Month March	Day 27	Age	76	Years	Months 3
Sex	Female		Color or Race	White		Birth- place	Baltimore
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Benjamin A. Lloyd			
Father's Name	William Knorr					Father's Birthplace	Pa.
Mother's Maiden Name	Elizabeth Mines					Mother's Birthplace	Pa.
Name of person giving Information	Mrs. Hart					How related to deceased	Niece

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary	Carcinoma of breast.	How long	5 years.
Immediate	Exhaustion	How long	4 days.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. S. Lillacks M.D.
		Address	105 N. Bond St. Baltimore Md.
Accident or Suicide?			

Zirkler & Zirkler

1739 E. Eager st

Name
in
Full

James William Lyon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Country place near Pikesville Baltimore Co.		County	
Date of death		Month March	Day 2nd	Age 40	Years Months 1 month
Sex Male		Color or Race white		Birth- place Baltimore	
Occupation Retired from business		Where Residing if not at place of death			
Married, Single or Widowed married		Name of Wife or Husband Fanny Monroe Lyon			
Father's Name James E. Lyon		Father's Birthplace Baltimore Co.			
Mother's Maiden Name Mary Owen		Mother's Birthplace Baltimore			
Name of person giving In formation Samuel N. Lyon		How related to deceased brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes Mellitus	How long	Twenty one years
Immediate	Diabetic coma	How long	Eight hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes.		Thomas McNamee M.D.	
		Address	
		807 St Paul St.	
		Baltimore.	
Accident or Suicide?			

Henry M Jenkins & Son Co

224 Thomas Street
807 St Paul St

Name
in
FullMary Martina M^o Luade

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>12th</i>	Age <i>79</i>	Months <i>unknown</i>	Days <i>unknown</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Religious - Visitation nun</i>			Where Residing if not at place of death <i>Park St Convent Baltimore Md</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>unknown</i>			Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>"</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Reeds Mt Hope Retreat</i>			How related to deceased <i>not at all -</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Mania -</i>	How long <i>7 or 8 yrs - over 3 yrs</i>
Immediate <i>Exc. Hypostatic Congest. Lung.</i>	How long <i>abt 7 or 8 days -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery M.D.</i>
	Address <i>Mt Hope Retreat</i>
	<i>Mt Hope Md -</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

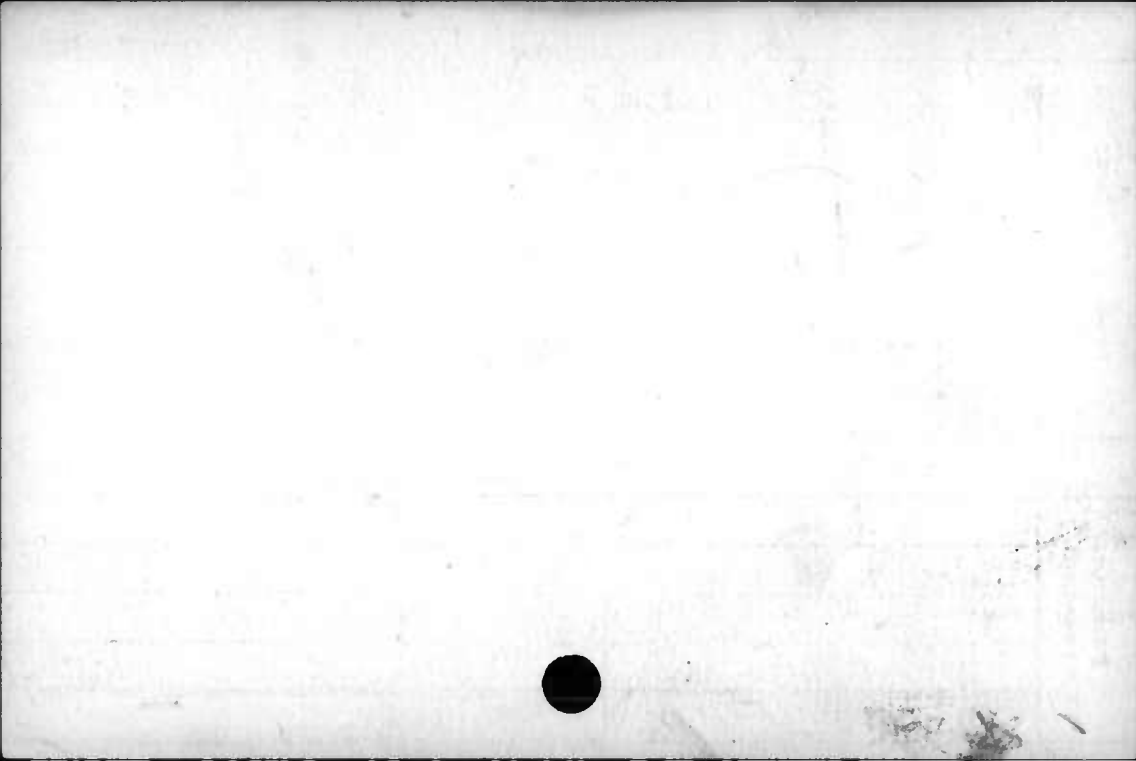
Died at <i>Rossville</i> ^{Town} <i>Bald</i> ^{County}			
Date of death <i>1907</i>	Month <i>March</i>	Day <i>4</i>	Age <i>71</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information <i>Daniel Maganum</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

(95)

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Arterial</i>	How long <i>1 week</i>
Immediate <i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. V. Vance</i>
	Address <i>Rossville, Md</i>
Accident or Suicide <i>Heart Cervical</i>	



Name
in
Full

Mallonee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Crownhardt		County Buck		MARYLAND	
Date of death		1907	Month Mar	Day 13	Age	Years	Months 6
Sex Male		Color or Race White		Birth- place Md			
Occupation None				Where Residing if not at place of death Crownhardt Md			
M Married, Single or Widowed				Name of Wife or Husband			
Father's Name Wm Mallonee				Father's Birthplace Md			
Mother's Maiden Name Mary Crownhardt				Mother's Birthplace Md			
Name of person giving In formation				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Inanition		(151)		How long From birth	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. J. Hager			
		Address Petersville Md			
Accident or Suicide?		✓			



Name
in
Full

CERTIFICATE OF DEATH

Char L. Martin

Town

County

MARYLAND

Died

Finon

Baltimore

Date

of death 1907

Month Mar

Day 23

Age

27

Months

Days

Sex

Male

Color or
Race

Irish

Birth-
place

Finon Md.

Occupation

Bm Tender

Where Residing if not
at place of death

Finon Md.

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Patrick Martin

Father's
Birthplace

Ireland

Mother's
Maiden Name

May J. J. J.

Mother's
Birthplace

Ireland

Name of person giving
information

Dr. H. H. H.

How related
to deceased

Brother in Law

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

About an yr.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr. T. J. J. J.
Finon Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John F. Cowan -
undertaker -

Intimo - Texas -

Barto Co
md

Dr. Massenberg
at Governor -
State Board - for health

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jessie Matthews</i>		Town <i>Wt Washington</i>		County <i>Balt</i>		MARYLAND	
Died at <i>Wt Washington</i>		Month <i>3</i>		Day <i>6</i>		Age <i>33</i>	
Date of death <i>1907</i>		Years <i>33</i>		Months <i>X</i>		Days <i>7</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Irel</i>			
Occupation <i>Home</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Eli H Matthews</i>		Father's Birthplace <i>Irel</i>					
Mother's Maiden Name <i>Barbara Sparwasser</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Wm J Matthews</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>18 mos.</i>
Immediate <i>Exhaustion</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. H. Beeten M.D.</i>
	Address <i>Wt Washington</i>
Accident or Suicide?	<i>Irel</i>

A. S. Marshall
3539 Fall Road

Mar 9-1907

Druid Ridge Cemetery

18 Malfield Ave -

3 Deaths in this house in 3 years from
Tuberculosis. House Thoroughly fumigated
Mar 12-1907 R. C. Massenburg H. O.

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i> Town				<i>Baltimore</i> County		MARYLAND	
Date of death <i>1907</i>		Month <i>Mar</i>	Day <i>17</i>	Age <i>71</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Glencoe Md</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Wife</i>		Name of Wife or Husband <i>Anna M Price</i>					
Father's Name <i>Evan Matthews</i>				Father's Birthplace <i>Glencoe Md</i>			
Mother's Maiden Name <i>Rhoda H Price</i>				Mother's Birthplace <i>Philadelphia</i>			
Name of person giving information <i>Anna M Matthews</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonaris</i>	How long <i>11 years</i>
Immediate <i>Cerebral Paralysis</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr J. B. Benson</i>
	Address <i>Rockyview Md</i>
Accident or Suicide? <i>No</i>	

Funeral on Tuesday
at Friends Church
interment in Church
Cemetery

W. C. Brooks

Name
in
Full

Clara K. May

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highlandtown</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>March</u> ^{Month}	<u>27</u> ^{Day}	Age <u>32</u> ^{Years}	<u>1</u> ^{Months}	<u>5</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore City</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife Husband <u>Frank E. May</u>			
Father's Name <u>John Kolt</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Kunigunda</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>Frank E. May</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>3 weeks</u>
Immediate <u>Internal Hemorrhage</u>	How long <u>10 minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Alfred A. Burdick</u>
	Address <u>32 S Bway</u> <u>Baltimore</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Mary Ellen Mays

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

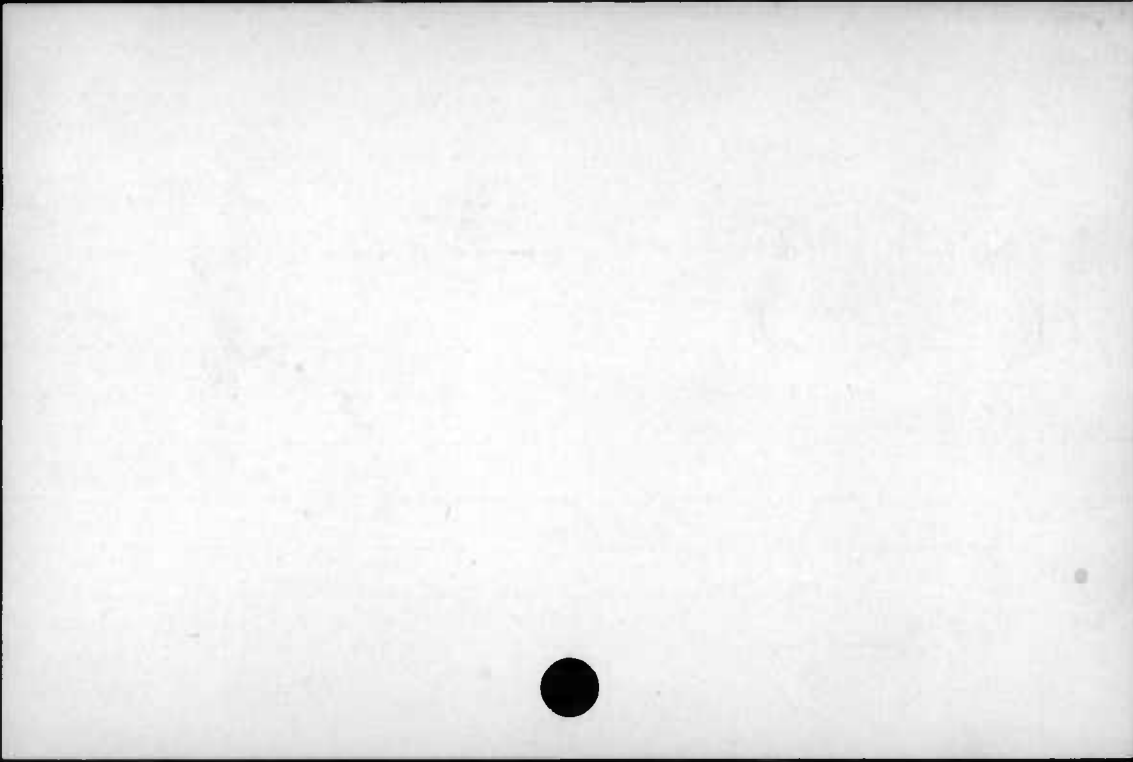
Died at <u>Weisburg</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	<u>1907</u>	Month <u>3</u>	Day <u>7</u>	Age <u>36</u> Years	Months <u>9</u> Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Balto. Co.</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Weisburg</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Thomas C. Mays</u>				
Father's Name <u>Stephens Miller</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Rachel A. Norris</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving Information <u>Thomas C. Mays</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary <u>Chronic Arterial Rheumatism</u>	How long <u>Five years</u>
Immediate <u>Spastic Paraplegia</u>	How long <u>Two months</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. H. J. J. J. J. J.</u>
	Address <u>Parkton</u>
Accident or Suicide? <input checked="" type="checkbox"/>	<u>MD</u>



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

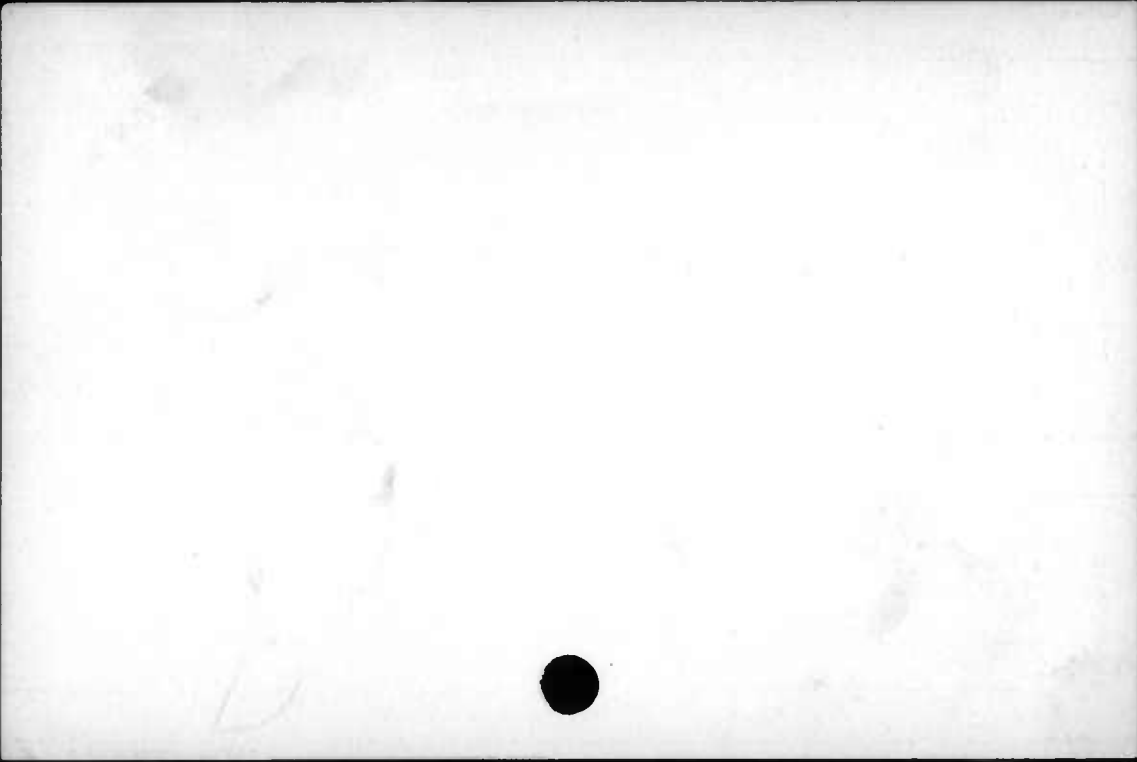
Died at		Town		County		MARYLAND	
Date of death		1907	Month	15	Day	Age	75
Sex		Female		Color or Race		White	
Occupation		Domestic		Where Residing if not at place of death		—	
Married, Single or Widowed		Widowed		Name of Wife or Husband		—	
Father's Name		—		Father's Birthplace		—	
Mother's Maiden Name		—		Mother's Birthplace		—	
Name of person giving information		—		How related to deceased		—	

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	Acute Bronchitis - Age	How long	Several Weeks.
Immediate	Exhaustion	How long	Several Hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
—		Guigard J. Whiteford,	
—		Address	
—		Fulderston, Md.	
Accident or Suicide?		—	



Name
in
Full

Loretta Marie Michel,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Highlandtown, Baltimore Co.

Date of death 1904 3 8 Age 5 months 5 Days

Sex Female, Color or Race white Birth-place Highlandtown,

Occupation _____ Where Residing if not at place of death _____

Married, Single
~~or Widowed~~Name of Wife or
HusbandFather's
Name

Peter John Michel

Father's
Birthplace

Baltimore Md.

Mother's
Maiden Name

Amelia Theresa Bloske

Mother's
Birthplace

Baltimore Md.

Name of person giving
Information

Father Peter Michel

How related
to deceased

Father.

CAUSES OF DEATH

105

Primary

Gastroenteritis acuta,

How long

7 wks.

Immediate

Infantile Spasms,

How long

5 days.

Are the name, age, sex, or date
and place correctly given above?

yes.

Signature of
Physician

W. B. McClanahan M.D.

Address

618 S. Clinton St.,

Accident or Suicide?



Name
in
Full

John I Middleton

CERTIFICATE OF DEATH

Sheppard & Enoch Town
Died at Pratt Hosp Towson

County

Baltimore

MARYLAND

Date
of death 1907

Month

Mch

Day

20

Age

Years

73 +

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

S. Carolina

Occupation

Banker (retired)

Where Residing if not
at place of death

Baltimore

Married, Single
or Widowed

Married

Name of Wife or
Husband

Unknown

Father's
Name

John I Middleton

Father's
Birthplace

SC

Mother's
Maiden Name

not known (E & B)

Mother's
Birthplace

Not known

Name of person giving
Information

Edmund St. Bush

How related
to deceased

Physn

CAUSES OF DEATH

93

Primary

Arterio Sclerosis - Deventer's Guide Since 1900

Immediate

Pneumonia

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Edmund St. Bush

Address

THE SHEPPARD & ENOCH PRATT HOSPITAL.

Accident or Suicide?

Towson Baltimore Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Hy W. Jenkins & Sons Co
Place of burial Greenmount
Cem

Name
in
Full

anna M. Millitzer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

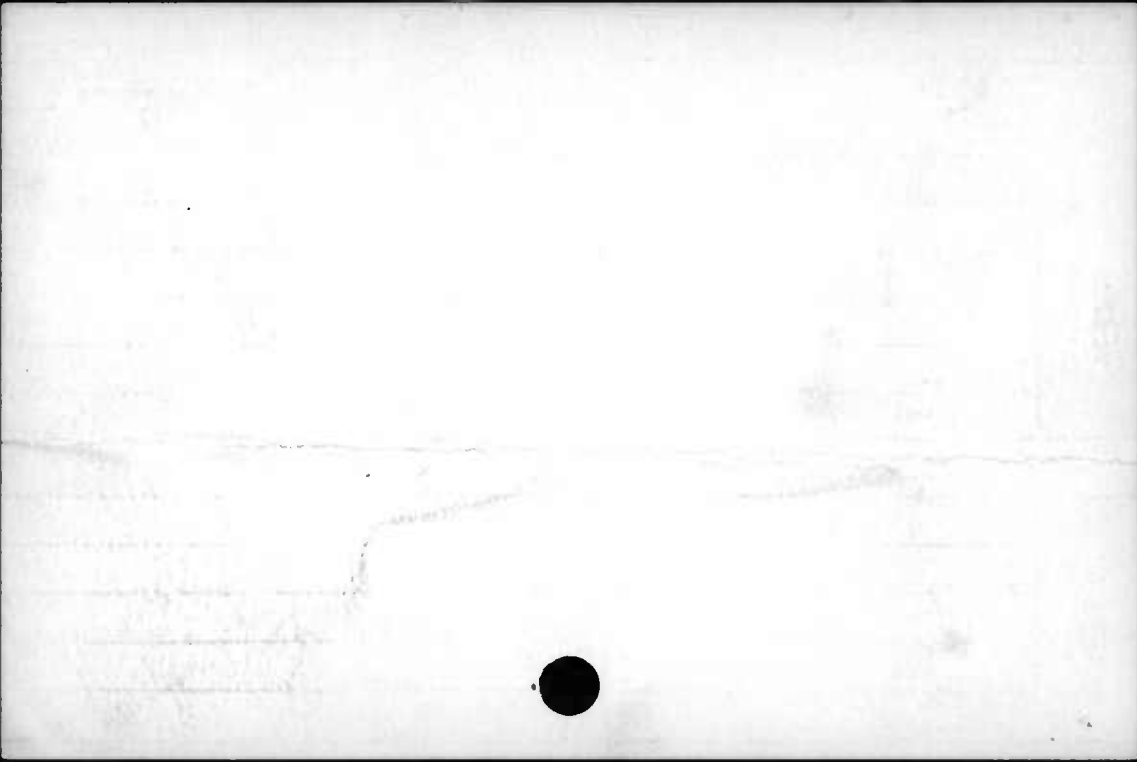
Died at <i>New Franklinville</i>		Town <i>Pratts</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>1st</i>	Age <i>54</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Ernest Millitzer</i>					
Father's Name <i>not known</i>			Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>not known</i>			Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Wm. C. Vogts</i>			How related to deceased <i>not any</i>				

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>La Grippe & Pneumonia</i>	How long <i>one week</i>
Immediate <i>General debility & age</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. H. Plesner M.D.</i>
	Address <i>Franklinville Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Albertain</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>March</i>	Day <i>10</i>	Age <i>2</i> Years	Months <i>4</i> Days <i>26</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fredricks, Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Martin Luther Miss</i>			Father's Birthplace <i>Fresh. Co. Md.</i>		
Mother's Maiden Name <i>Alice M. Kline</i>			Mother's Birthplace <i>Fredricks, Md.</i>		
Name of person giving information <i>Alice M. Miss</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	<i>(6)</i>	How long <i>2 weeks</i>
Immediate <i>Asthenia, Convulsions</i>		How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm B. Saubrill</i>	
	Address <i>Albertain, Md.</i>	
Accident or Suicide? <i>—</i>		



Name
In
Full

Annice Moon.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>West Hope Retreat</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>14</i>	Age <i>69</i>	Years	Months <i>Unknown</i>	Days <i>Unknown</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>Baltimore Md.</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Not Known</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Recd. Mr. Hope Retreat</i>		How related to deceased					

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Dementia Secon day to Mania acute</i>	How long <i>over 20 yrs.</i>
Immediate <i>Ex. Cardiac Collapse</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery M.D.</i>
	Address <i>West Hope Retreat</i>
	<i>Balto Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Robert, W. Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Reisterstown		Baltimore					
Date of death		Month	Day	Years	Months	Days	
1907		3	14	Age 55	7		
Sex	male	Color or Race	colored	Birth-place	Virginia		
Occupation	Laborer			Where Residing if not at place of death	Reisterstown		
Married, Single or Widowed	married	Name of Wife or Husband	Catherine Moore				
Father's Name	Daniel Moore			Father's Birthplace	Virginia		
Mother's Maiden Name	Amy Platt			Mother's Birthplace	"		
Name of person giving information	Catherine Moore			How related to deceased	Wife		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Brylito disease	How long	18 mo
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	H. M. Leach		
	Address		
	Reisterstown		
Accident or Suicide?	V		



Name
in
Full

James Smith Morse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

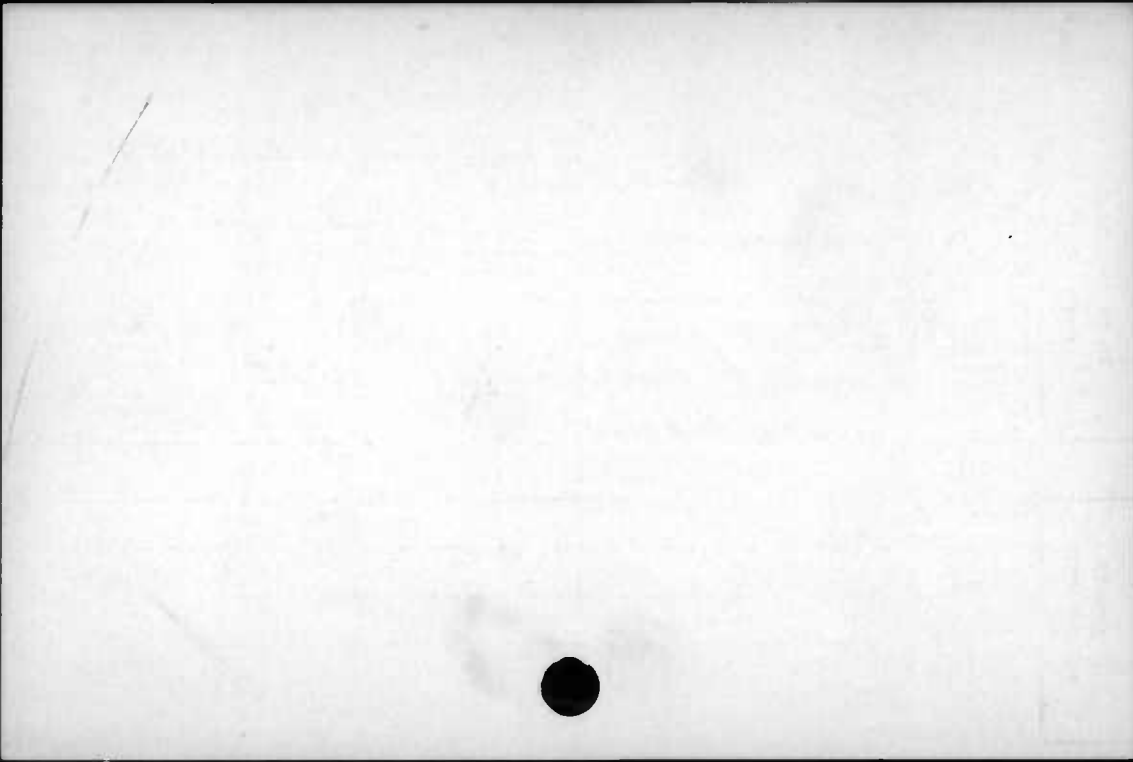
Died at ^{Town} Highlandtown		^{County} Balto.		MARYLAND	
Date of death 1907		Month 3	Day 16	Age Years 71	Months 8 Days 1
Sex Male	Color or Race White	Birth-place Maryland			
Occupation Wood-worker		Where Residing if not at place of death			
Married, Single or Widowed Widowed		Name of Wife or Husband Martha Elizabeth Morse			
Father's Name — Don't know		Father's Birthplace Not known			
Mother's Maiden Name —		Mother's Birthplace —			
Name of person giving information Betty B. Morse		How related to deceased Daughter			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Mitral Regurgitation	How long Several years
Immediate	Nephritis	How long 3 weeks
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. A. Slautz M.D.
		Address 41 Eastern Ave.
Accident or Suicide?		



Name
in
Full

Mary Margaret Nagle

CERTIFICATE OF DEATH

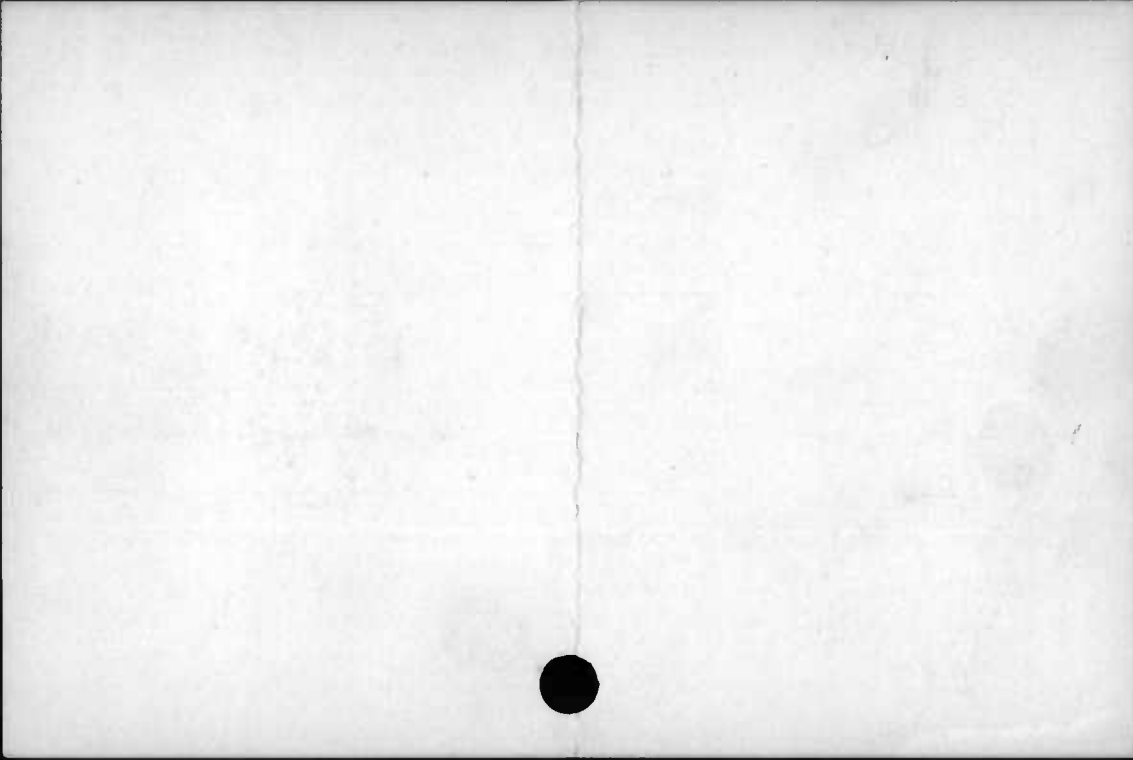
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hydes</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	Month <u>March</u>	Day <u>21</u>	Age <u> </u>	Months <u>1</u> Days <u>21</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Hydes, Balto. Co Md.</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Wm. Nagle</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Margaret Donovan</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Wm. Nagle</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Icterus</u>	How long <u>7 weeks</u>
Immediate <u>Icterus (septic)</u>	How long <u>3 weeks -</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John S. Green</u>
	Address <u>Gettysburg</u>
Accident or Suicide? <u> </u>	<u>✓</u>



Name
in
Full

Mogdolena Kase man

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highlandtown</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>March</u> ^{Month}	<u>31</u> ^{Day}	<u>22</u> ^{Years}	<u>9</u> ^{Months}	<u></u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Balto Co.</u>		
Occupation <u></u>			Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Conrad Kase man</u>				
Father's Name <u>Frank Wienhold</u>	Father's Birthplace <u>Germany</u>		Mother's Birthplace <u>U.S.</u>		
Mother's Maiden Name <u>Mary Edelman</u>	Name of person giving information <u>John Wienhold</u>		How related to deceased <u>Bro.</u>		

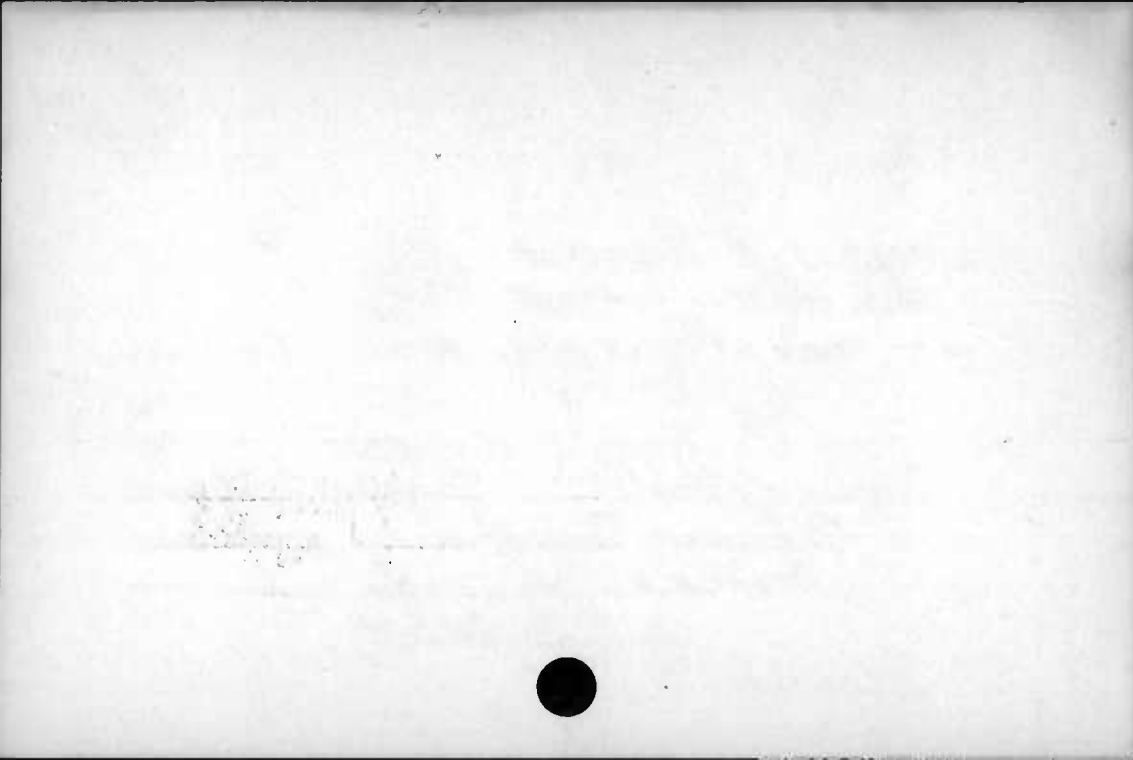
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis Pulmonalis</u>	How long <u>8 mos.</u>
Immediate <u>Yes</u>	How long <u>3 mos.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C. H. Atkey</u>
	Address <u>2 Hudson St.</u>
Assistant or Coroner? <u></u>	<u>Path.</u>

Sacred Heart
H. Sander ^{and Mrs}

Name in Full		Certificate of Death							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		MARYLAND	
		Date		Month		Day		Years	
		of death		1907		Mar		13	
		Sex		Male		Color or Race		White	
		Occupation		Well digger		Where Residing if not at place of death			
		Married, Single or Widowed		Married		Name of Wife or Husband		Alice A Naylor	
		Father's Name		Kinsey Naylor		Father's Birthplace		Md.	
		Mother's Maiden Name		Sarah Pearce		Mother's Birthplace		Balto. Co.	
Name of person giving information		Grover C Naylor		How related to deceased		Son			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Albuminuria & Heart Disease		How long		3 or 4 months	
		Immediate		Paralysis		How long		Two weeks	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		A. R. Mitchell	
				Address		Mountrou. Md.			
		Accident or Suicide?							



Name in Full

Certificate of Death

Thomas J. Harris

Died at ^{Town} White Hall^{County} Baltimore

MARYLAND

Date 1907 ^{Month} Mar ^{Day} 28Age ^{Y.} 65 ^{M.} 1 ^{D.} 4

Native of Md.

Occupation Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband of

Wife

Father's

Name

Mary Catherine Norris

Thomas J. Norris

Mother's

Maiden Name

Elizabeth Shaw

Cause of

Primary

Pulmonary Congestion

How long sick

5 or 6 days

Death

Immediate

Cardiac Syncope

Accident, Suicide, Homicide

Reported by

A. P. Tutchell

Address

Moukhou, Md.

(95)

(over)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Father's birth-place
Whiel Hall, Md.

Mother's birth-place
Hampden Co., Md.

Name
in
Full

William Kemp Norris

CERTIFICATE OF DEATH

Town

County

Died at

White Hall

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

7 Mar

9

Age

6

3

10

Sex

Male

Color or
Race

white

Birth-
place

White Hall Md.

Married, Single
or Widowed

Single

Occupation

Name of Wife or
HusbandFather's
Name

William E. Norris

Father's
Birthplace

White Hall.

Mother's
Maiden Name

Anna Grace Kemp

Mother's
Birthplace

Phoenix Md.

Name of person giving
In formation

William E. Norris

How related
to deceased

Father

CAUSES OF DEATH

108

Primary

Intestinal Obstruction

How long

Four days

Immediate

General Collapse

How long

30 or 4 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

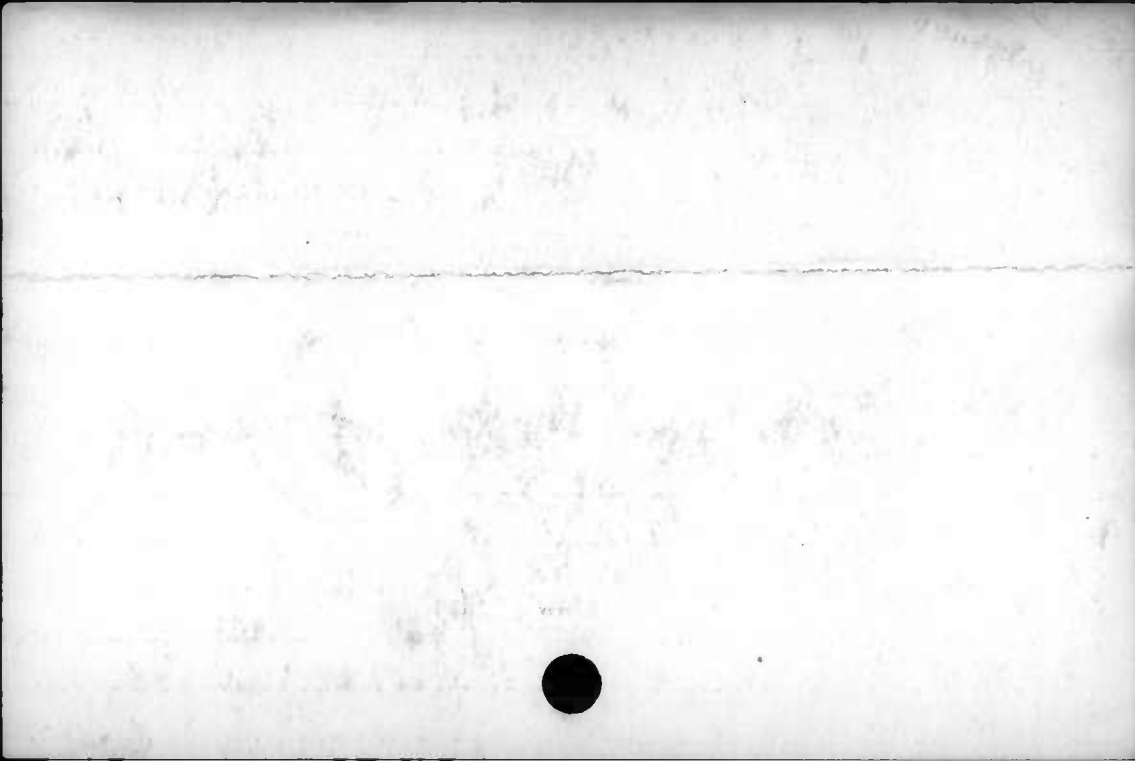
A. R. Mitchell.

Address

Mounton, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

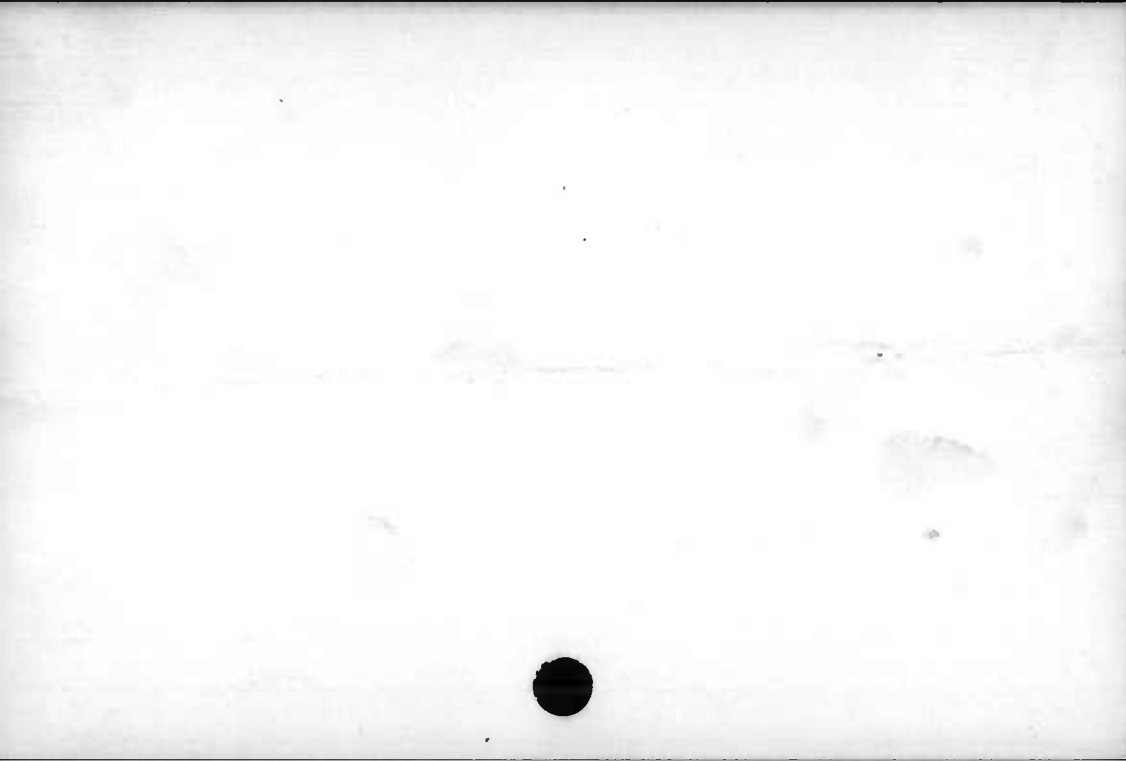
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Holbrook</u> Town		<u>Balto</u> County		MARYLAND	
Date of death	<u>1907</u>	Month <u>March</u>	Day <u>6</u>	Years <u>55</u>	Months <u>4</u> Days <u>25</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Kelzght</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Franklin St. Hill</u>				
Father's Name <u>Zabedee Gosnell</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Luen Hard</u>	Mother's Birthplace <u>Holbrook</u>				
Name of person giving information <u>Eme Annie Shirley</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Consumption</u>	How long <u>(27)</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>R. H. Wells</u>
	Address <u>Harrisonville</u>
Accident or Suicide?	<u>Ind</u>



Name
in
Full

Beal Owings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Reisterstown</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u> <small>Month</small> <u>mar</u> <small>Day</small> <u>3</u> <small>Years</small> <u>58</u>		Age <u>58</u>		<u>Months</u> <u>Days</u>	
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Balto co Md</u>	
Occupation <u>Painter</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Beal Owings</u>		Father's Birthplace <u>Annebrum^{Co} Md</u>			
Mother's Maiden Name <u>Schach Jesso</u>		Mother's Birthplace <u>Balto co Md</u>			
Name of person giving information <u>J. Thomas Owings</u>		How related to deceased <u>Brother</u>			

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<u>Chronic Enteritis</u>	How long	<u>9 mos.</u>
Immediate	<u>Exhaustion</u>	How long	<u>1 wk</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>A. M. Shade</u>	
		Address <u>Reisterstown</u>	
Accident or Suicide?		✓	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jonathan Jackson Perrigo</i>		Town <i>Woodlawn</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Woodlawn</i>		Month <i>Mar.</i>		Day <i>14</i>		Years <i>83</i>	
Date of death <i>1907</i>		Months <i>—</i>		Days <i>20</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>C. Co. Md</i>			
Occupation <i>Retired</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Harilla Perrigo</i>					
Father's Name <i>Benj. Perrigo</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>Elizbeth Plowman</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>J. C. Perrigo</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastritis</i>	How long <i>1 month</i>
Immediate <i>Cardiac Arrhythmia</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. C. Smith</i>
	Address <i>Woodlawn Sta</i>
Accident or Suicide?	<i>✓</i>

Woodlawn Ceme

Jos B. Cook

Undertaker

Name
in
Full

Robert W. Pettie

CERTIFICATE OF DEATH

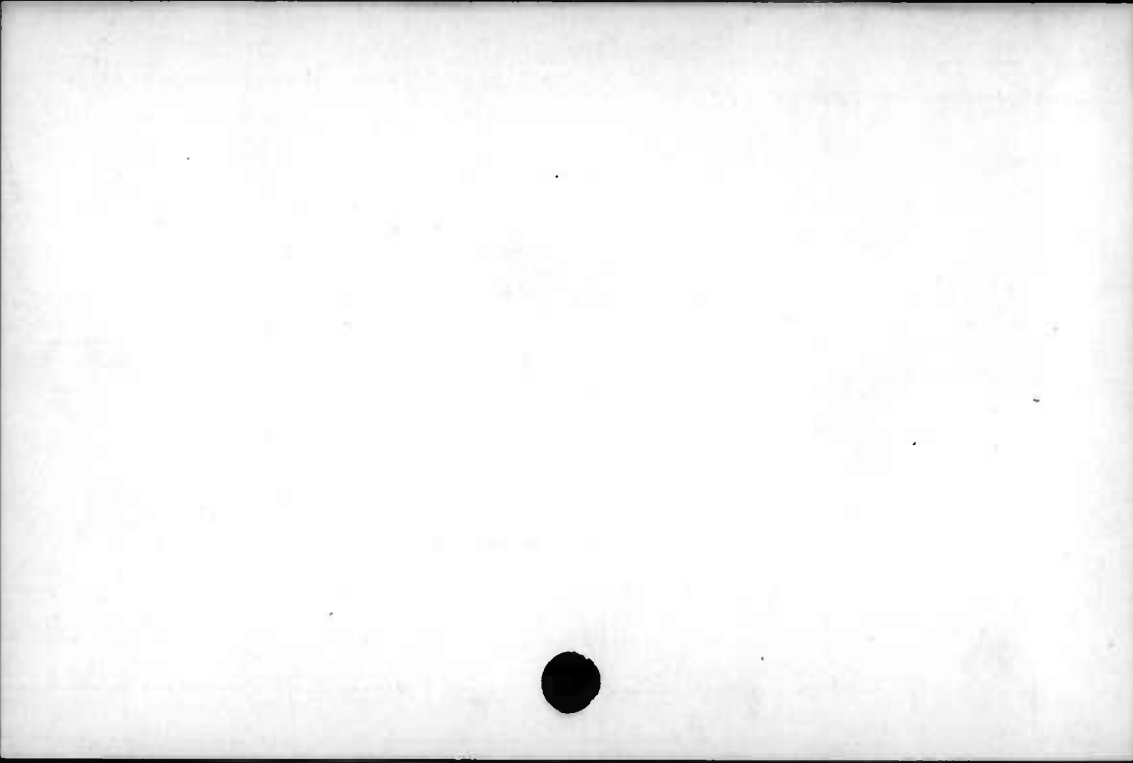
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Albion</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>28</i>	Age <i>51</i>	Months <i>11</i>	Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Virginia</i>		
Occupation <i>Carpenter</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife <i>Emma J. Hitt</i>				
Father's Name <i>Robert Pettie</i>	Father's Birthplace <i>Va.</i>				
Mother's Maiden Name <i>Martha A. Smith</i>	Mother's Birthplace <i>Va</i>				
Name of person giving information <i>Emma J. Pettie</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>14 days</i>
Immediate <i>Pulmonary Congestion</i>	How long <i>6 or 8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. B. Gambrell</i>
	Address <i>Albion, Md.</i>
Accident or Suicide?	<i>✓</i>



Name
in
Full

Barrie M Porter

CERTIFICATE OF DEATH

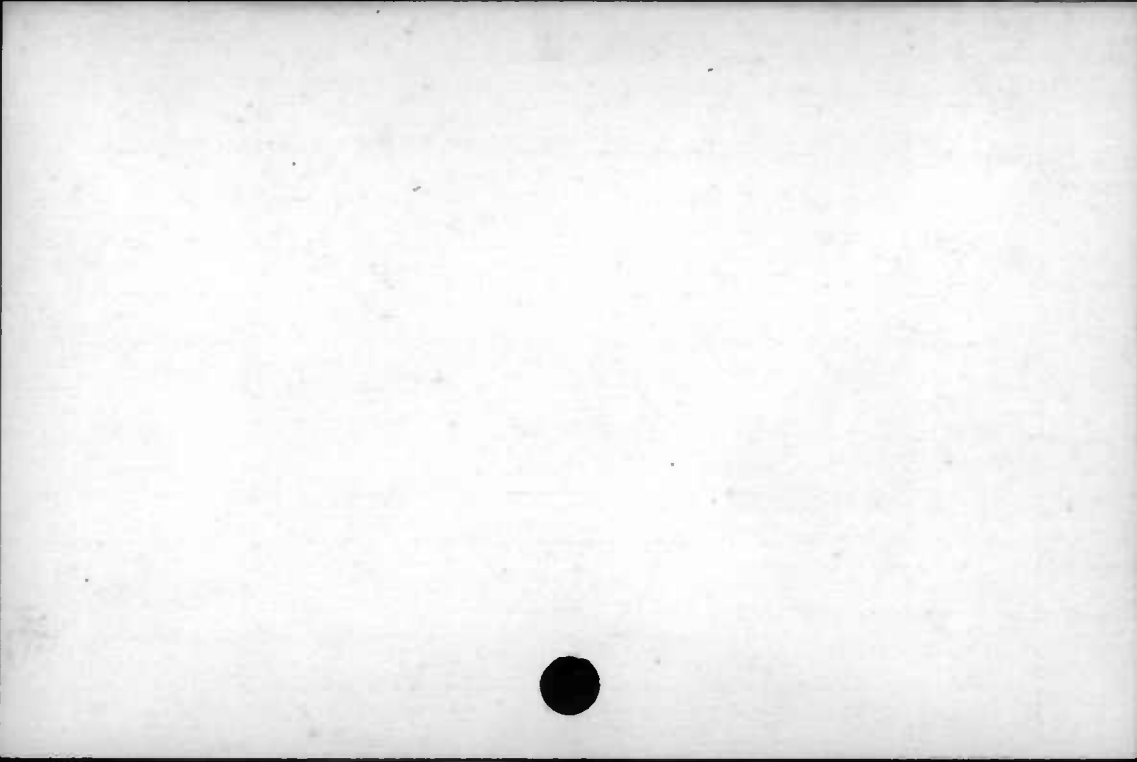
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ashington</i> <small>Town</small>		<i>Bailex</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	<i>3</i> <small>Month</small>	<i>28</i> <small>Day</small>	<i>26</i> <small>Years</small>	<i>5</i> <small>Months</small> <i>20</i> <small>Days</small>
Sex	<i>Female</i>		Color or Race	<i>White Amer</i>	Birthplace
Occupation	<i>None</i>		Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Samuel H Porter</i>			
Father's Name	<i>Wm Dunning</i>			Father's Birthplace	<i>Conn</i>
Mother's Maiden Name	<i>Cordelia Gray</i>			Mother's Birthplace	<i>Balt City</i>
Name of person giving information	<i>Samuel H Porter</i>			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis -</i>	How long	<i>27 mos.</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. C. Pole</i>
		Address	<i>2038 Madison Ave</i>
Accident or Suicide?			



Name
in
Full

Althia Fenton Pries

CERTIFICATE OF DEATH

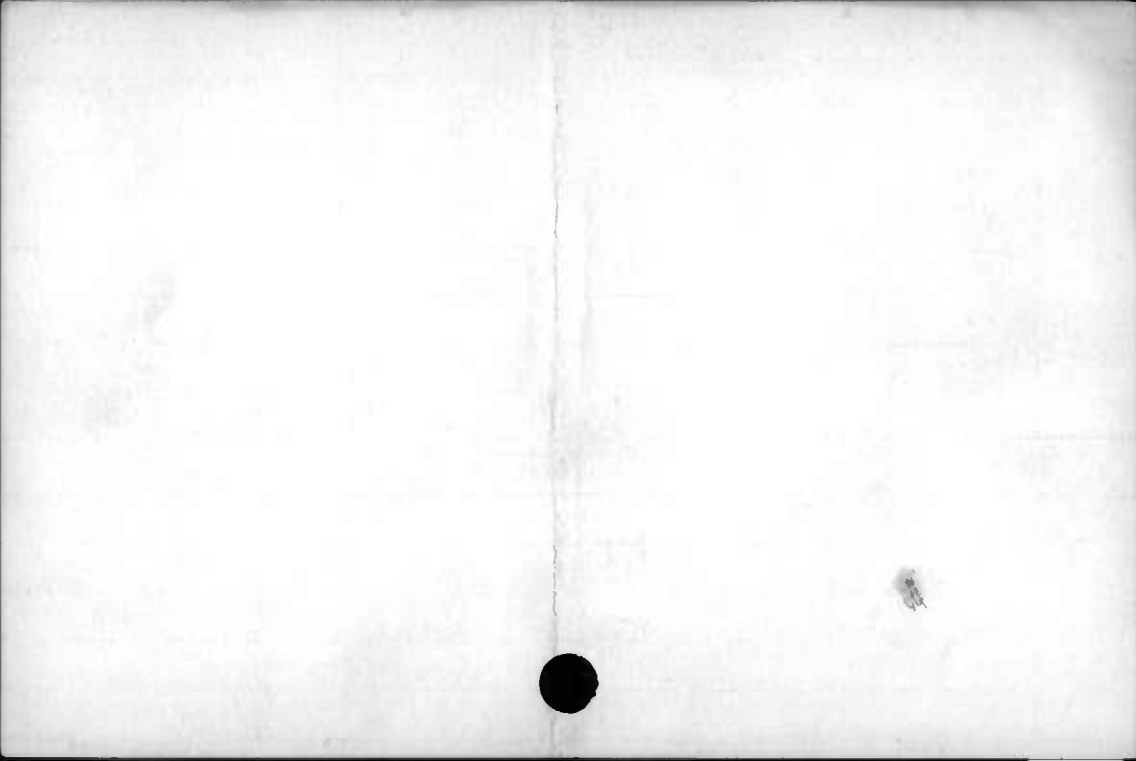
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Forreston</i> Town		County <i>Balto</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>3</i>	Day <i>11</i>	Age <i>4</i>	Months <i>9</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Forreston Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>George M. Pries</i>		Father's Birthplace <i>Forreston</i>			
Mother's Maiden Name <i>Missouri Albam</i>		Mother's Birthplace <i>Middletown Md</i>			
Name of person giving information <i>G. Co. M. Pries</i>		How related to deceased <i>Father.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastric Fever + Nephritis</i>	How long <i>2 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>4 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. M. Pries M.D.</i>
	Address <i>Beckleyville Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Anna Town *Perry Hall* County *Baltimore*
 Died at
 Date of death *1907* Month *McK.* Day *30* Age *54* Years Months Days
 Sex *Female* Color or Race *White* Birth-place *Europe*
 Occupation *Housewife* Where Residing if not at place of death _____
 Married, Single or Widowed *Married* Name of ~~Wife~~ Husband *Leonard Ray*
 Father's Name *C. C. Glass* Father's Birthplace *Europe*
 Mother's Maiden Name *M.* Mother's Birthplace _____
 Name of person giving information *Mary C. Glass* How related to deceased *Daughter*

CAUSES OF DEATH

(92)

PHYSICIAN
OR CORONER

Primary *Bronchial Pneumonia - Dropsy* How long *3 to 4 weeks*
 Immediate *Heart Failure* How long *Several hours*
 Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *Lingard St. Whiteford*
 To help my knowledge ☒ Address *Fullerton, Mo.*
 Accident or Suicide? ☒

St Michaels

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

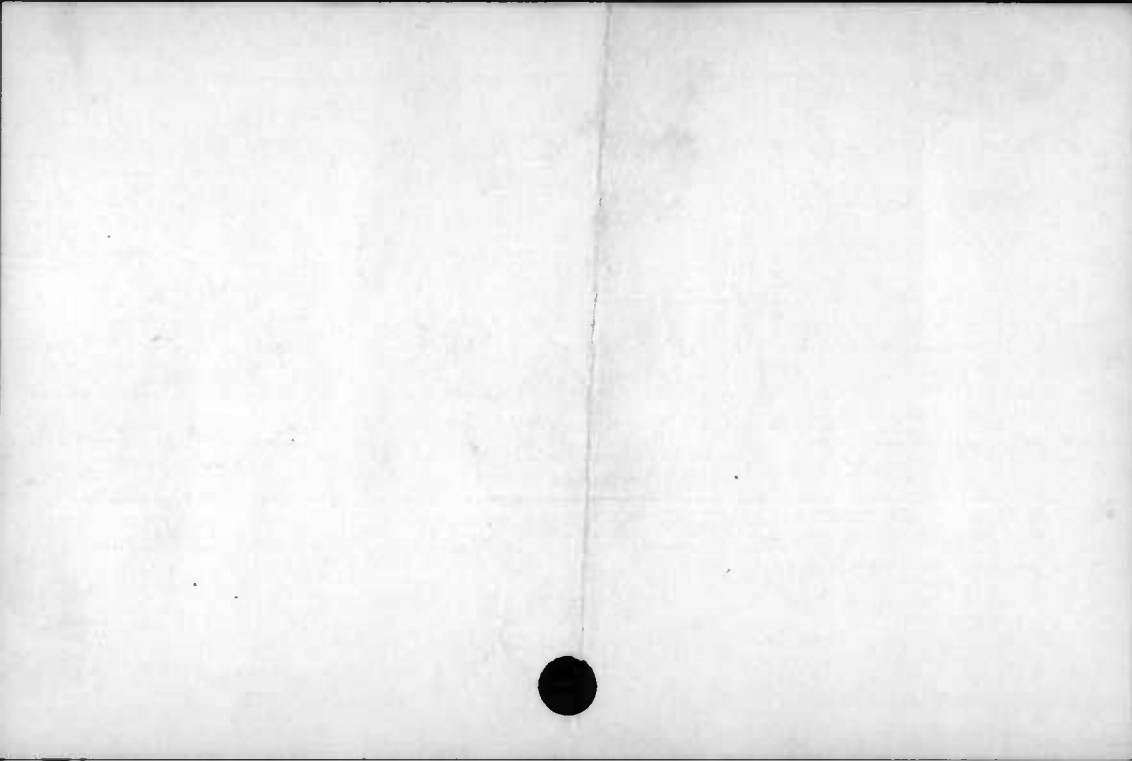
Name <i>John Reed</i>		Town <i>Coolyn</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Coolyn</i>		Month <i>March</i>		Day <i>8</i>		Years <i>65</i>	
Date of death <i>1907</i>		Month <i>March</i>		Day <i>8</i>		Years <i>65</i>	
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birthplace <i>Rockstown VA</i>		Days <i>—</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>		Birthplace <i>Rockstown VA</i>		Days <i>—</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Bessie Reed</i>		Father's Name <i>Jackson Reed</i>		Father's Birthplace <i>Unknown</i>	
Father's Name <i>Jackson Reed</i>		Name of Wife or Husband <i>Bessie Reed</i>		Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Unknown</i>	
Mother's Maiden Name <i>Don't know</i>		Name of person giving information <i>Frank Lee</i>		How related to deceased <i>Son</i>		Days <i>—</i>	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Cardiac Failure</i>	How long	<i>2 yrs</i>
Immediate	<i>Edema (general)</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. S. Sapp</i>	
		Address <i>—</i>	
Accident or Suicide?		✓	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Bridel

Town *Rosedale* County *Balti*

Died at *Rosedale*

DATE of death *1907* Year *Mar* Month *10* Day *75* Age *75* Years Months Days

Sex *male* Color or Race *white* Birth-place *Germany*

Occupation *Furnace* Where Residing if not at place of death *Rosedale*

Married, Single or Widowed *widower* Name of Wife or Husband *Barbara Bridel*

Father's Name *not known* Father's Birthplace *unknown*

Mother's Maiden Name *"* Mother's Birthplace *unknown*

Name of person giving Information *Henry Bridel* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bright, valvular disease* How long *2 years*

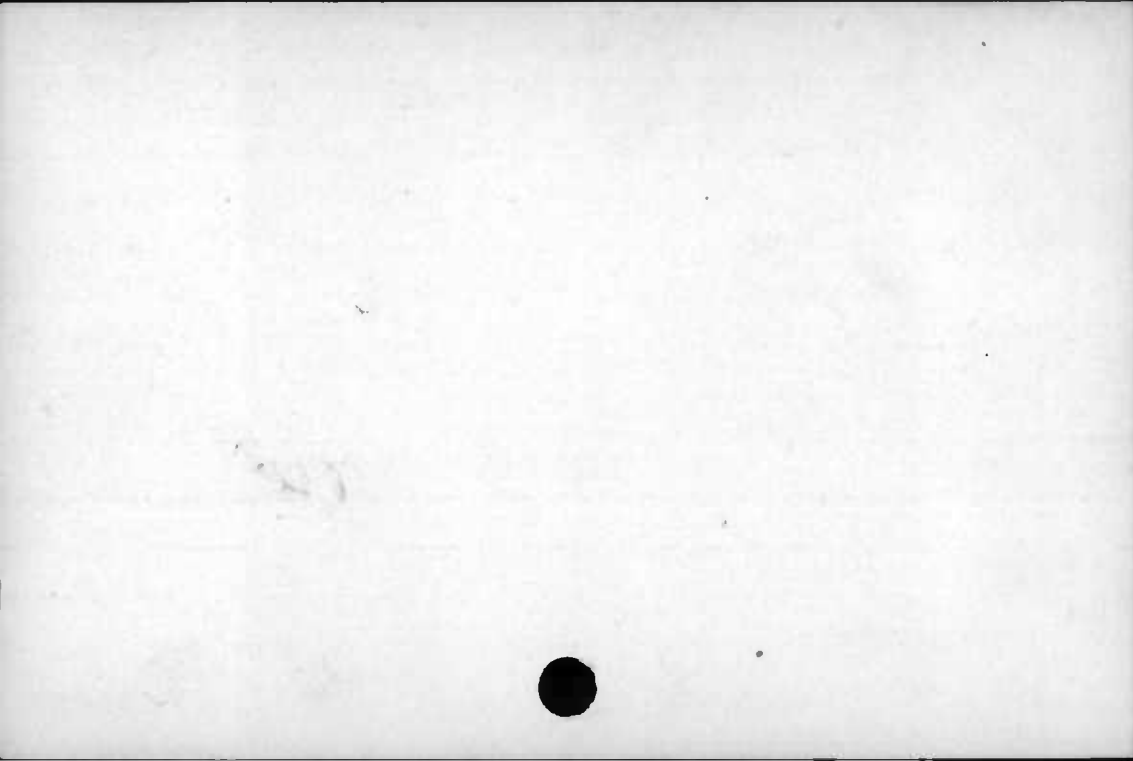
Immediate *Exhaustion of heart* How long *"*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. C. Rose*

Address *Madisonville*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Kethman

Town

County

MARYLAND

Died at

Highlandtown

Balto.

Date

of death

1907

Month

March

Day

8th

Age

Years

74

Months

1

Days

1

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

none

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Clemens F. Kethman

Father's
Name

Not known

Father's
Birthplace

German

Mother's
Maiden Name

H. ————

Mother's
Birthplace

C. C. C. C.

Name of person giving
Information

Benj. Kethman

How related
to deceased

Son

CAUSES OF DEATH

Primary

Valvular Disease Heart

How long

1 year

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Guernsey France

Sacred Heart Con-

Name

Full

Isabella Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Arlington</u>		County <u>Balto</u>		MARYLAND	
Date of death	190	Month	7	Day	3	Age	67
Sex	<u>Female</u>		Color or Race	<u>White</u>		Birth-place	<u>Spring Hl. Md</u>
Occupation	<u>None</u>			Where Residing if not at place of death <u>Glen Ave. Balto. Co.</u>			
Married, Single or Widowed	<u>Widow</u>		Name of Wife or Husband <u>widow of William Richardson</u>				
Father's Name	<u>Thomas Parsons</u>					Father's Birthplace	<u>Md.</u>
Mother's Maiden Name	<u>Riley</u>					Mother's Birthplace	<u>Md.</u>
Name of person giving information	<u>Carolina V. Richardson</u>					How related to deceased	<u>Sangiter</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Albuminuria</u>	How long	<u>Years</u>
Immediate	<u>Paralysis & Exhaustion</u>	How long	<u>Years</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>[Signature]</u>
		Address	<u>Arlington</u>
Accident or Suicide?			

John A. Daiger
Western Canyon

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sylvester J Roche

Died at *Mth Washington* ^{Town} *Baltimore* ^{County}

MARYLAND

Date of death *1907* ^{Month} *March* ^{Day} *16* ^{Years} *Age 48* ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *white* Birth-place *Maryland*Occupation *Merchant* Where Residing if not at place of death *Mth Washington*Married, Single or Widowed *Married* Name of Wife or Husband *Johanna Roche*Father's Name *Samuel Roche* Father's Birthplace *Ireland*Mother's Maiden Name *Bridget Doherty* Mother's Birthplace *"*Name of person giving information *John Roche* How related to deceased *Brother*

CAUSES OF DEATH

44

PHYSICIAN
OR CORONERPrimary *Cancer of face (Epithelioma)* How long *1 1/2 years*Immediate *Cachexia* How long *2 months*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Jose L. Hirsch, M.D.*Address *1819 Linden Ave.**Baltimore, Md.*

Accident or Suicide?

Martin Fahey & Sons
Funeral Directors

St Mary's Cemetery
Govan

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Anna B Rimmel</i>		Town <i>Fullerton</i>		County <i>Balto</i>		State <i>MARYLAND</i>	
Died at <i>Fullerton</i>		Month <i>Feb</i>		Day <i>13</i>		Age <i>79</i>	
Date of death <i>1907</i>		Month <i>Feb</i>		Day <i>13</i>		Age <i>79</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birthplace <i>Europe</i>		Months <i>2</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death				Days <i>7</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Geo Simon Rimmel</i>					
Father's Name <i>John Reder</i>		Father's Birthplace <i>Europe</i>					
Mother's Maiden Name <i>Anna B Reder</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mrs Anna Marx</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

(40)

PHYSICIAN
OR CORONER

Primary <i>Cancer of Stomach</i>		How long <i>about 1 year</i>	
Immediate <i>Failure of Vital Forces</i>		How long <i>Several hours</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Leigard Whiteford</i>	
To best of my knowledge		Address <i>Fullerton, Md.</i>	
Accident or Suicide?			

St Petri

Name
in
Full

Charles Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

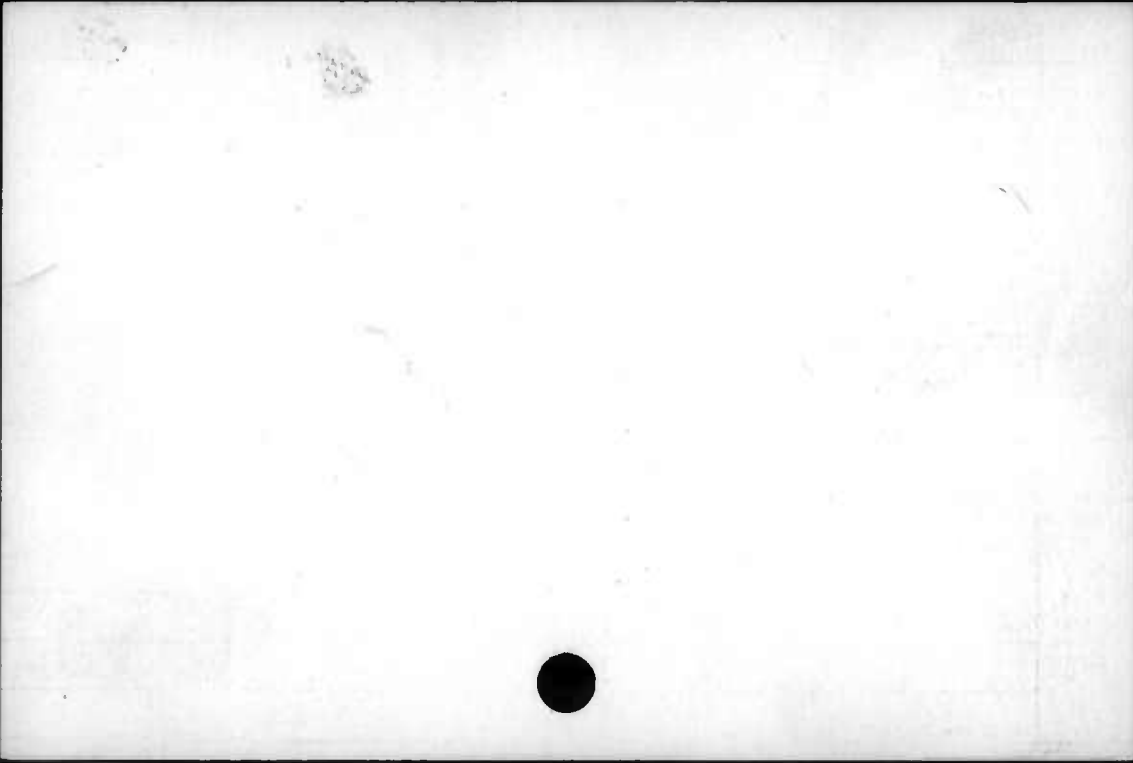
Died at <u>Westport</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death 1907	<u>7</u> ^{Month}	<u>3</u> ^{Day}	Age <u>25</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Not Known</u>		
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Cliffords Balto Co</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Not Known</u>	Father's Birthplace <u>Not Known</u>				
Mother's Maiden Name <u>Not Known</u>	Mother's Birthplace <u>Not Known</u>				
Name of person giving information <u>John Handschuh</u>	How related to deceased <u>None</u>				

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary <u>Falling from Gristle works</u>	How long <u>Immediate</u>
Immediate <u>Striking head - fracture of skull</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>August W. Miller, Coroner</u>
<u>Yes.</u>	Address <u>Not Winans</u>
Accident or Suicide? <u>Accident</u>	<u>md</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oran</i>		Town <i>Oran</i>		County <i>Barto</i>		MARYLAND	
Date of death 190		Month <i>Feb</i>	Day <i>4</i>	Age	Years <i>21</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Bookkeeper</i>					
Name of Wife or Husband							
Father's Name <i>John W. Sanders</i>				Father's Birthplace <i>Barto Md</i>			
Mother's Maiden Name <i>Fanny D. Adams</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Mrs F. Sanders</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>1 year</i>
Immediate	<i>Exhaustion</i>	How long	<i>short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Flot B. Boecking</i>	
		Address <i>Sp. 16. City</i>	
Accident or Suicide?			

Hughes
Land Park

Residence

Notre Dame Ave & York Road

Name
in
Full

CERTIFICATE OF DEATH

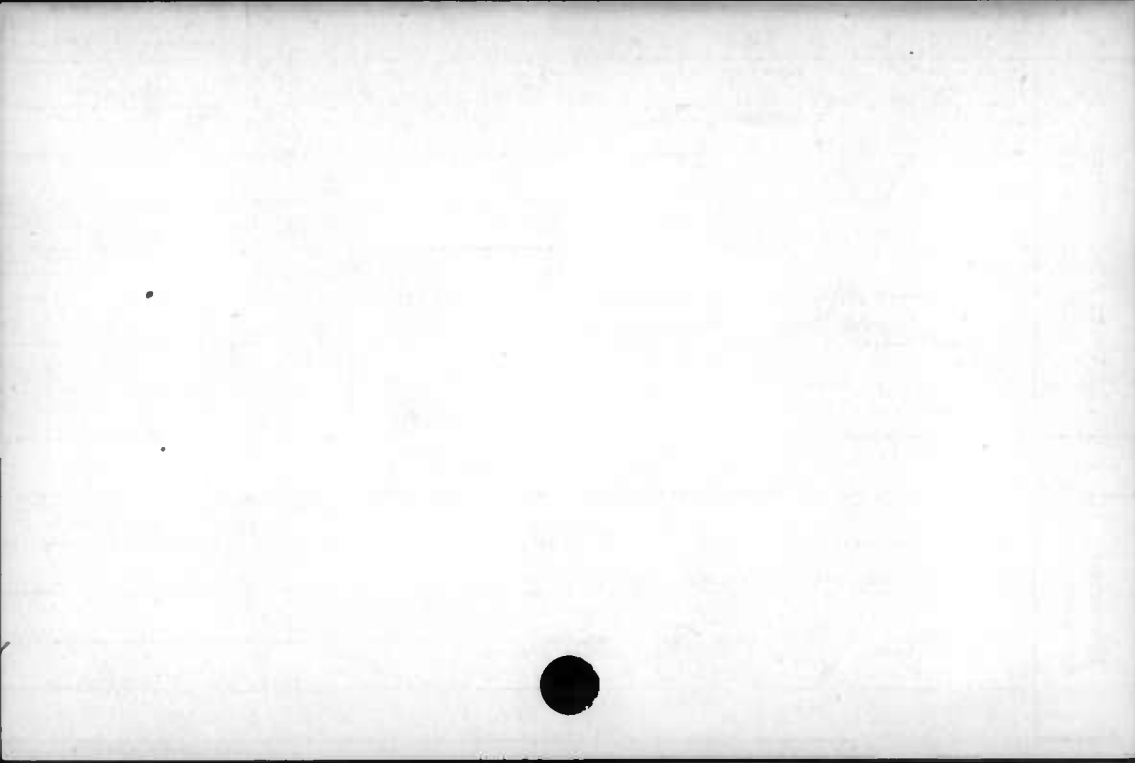
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Scott</i>		Town <i>Chase</i>		County <i>Baile</i>		MARYLAND	
Died at <i>Chase</i>		Month <i>May</i>		Day <i>8</i>		Age <i>54</i>	
Date of death <i>1907</i>		Sex <i>Male</i>		Color or Race		Birth-place	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Chase</i>					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral apoplexy</i>	<i>64</i>	How long	<i>17 months</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		
Signature of Physician		<i>C. W. W. W.</i>		
Address		<i>Crossville</i>		
Accident or Suicide?		<i>No</i>		



Name
in
Full

Theodore Sembley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lutherville Town Baltimore County MARYLAND

Date of death 1907 March 19 19 Age 32 Months Days

Sex male Color or Race Negro. Birth-place Unknown

Occupation Coachman Where Residing if not at place of death Baltimore

~~Married~~ Widowed Name of Wife or Husband Susie Moodie

Father's Name James Sembley Father's Birth-place Ad. Co.

Mother's Maiden Name Harris Mother's Birth-place a.a. Co.

Name of person giving information Edward Sembley How related to deceased Brother

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary Tuberculosis Pulmonalis How long 3 mos

Immediate Exhaustion How long 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician T. Tibbons Mack

Address Lutherville.

Accident or Suicide?

Alfred Hensley

5

Annapolis Md
Burial Mch 22 - 07

Edwards Dudley brother

Waltham Mass

1887

Name
in
Full

Thomas Seward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Balto. Co* ^{Town} *Alumhouse* ^{County}

MARYLAND

Date of death *1907* ^{Month} *3* ^{Day} *5* ^{Years} *33* ^{Months} ^{Days}Sex *male* Color or Race *negro* Birth-place *Virginia*Occupation *Unknown* Where Residing if not at place of deathMarried, Single or Widowed *Unknown* Name of Wife or Husband *Unknown*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving information *Dr. J. C. Bussey* How related to deceased

CAUSES OF DEATH

Primary

(27)

was sick when admitted which
How long
was about 2 mos.
How long
ago.

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Thos. C. Bussey M.D.

Address

Texas
Md.

Accident or Suicide?

To be burned by me
on premises

A. M. E. W. C.

Name
in
Full

Franklin J Schell

CERTIFICATE OF DEATH

Sheppard
Died at

Town

Enoch Pratt Hosp. Towson

County

Baltimore

MARYLAND

Date

1907

Month

Mch

Day

22

Age

Years

49

Months

7

Days

Sex

Male

Color or
Race

Wd

Birth-
place

Penna

Occupation

Officer U.S. Navy

Where Residing if not
at place of death

U.S. Navy, No permanent residence

Married, Single
or Widowed

Married

Name of Wife or
Husband

Gay Warren Schell

Father's
Name

Samuel Schell

Father's
Birthplace

Pa

Mother's
Maiden Name

Mary High

Mother's
Birthplace

Pa

Name of person giving
information

Ed. Bouch

How related
to deceased

Physician

CAUSES OF DEATH

Primary

Insanity -

(68)

How long

2 yrs +

Immediate

Collapse Delirium

How long

2 day +

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Edward M. Bouch

Address THE SHEPPARD & ENOCH PRATT HOSPITAL

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Accident or Suicide?

Towson Md

Hy W Jenkins &
Jenr Co

U S Naval Academy Annapolis Md

Name
In
Full

George Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

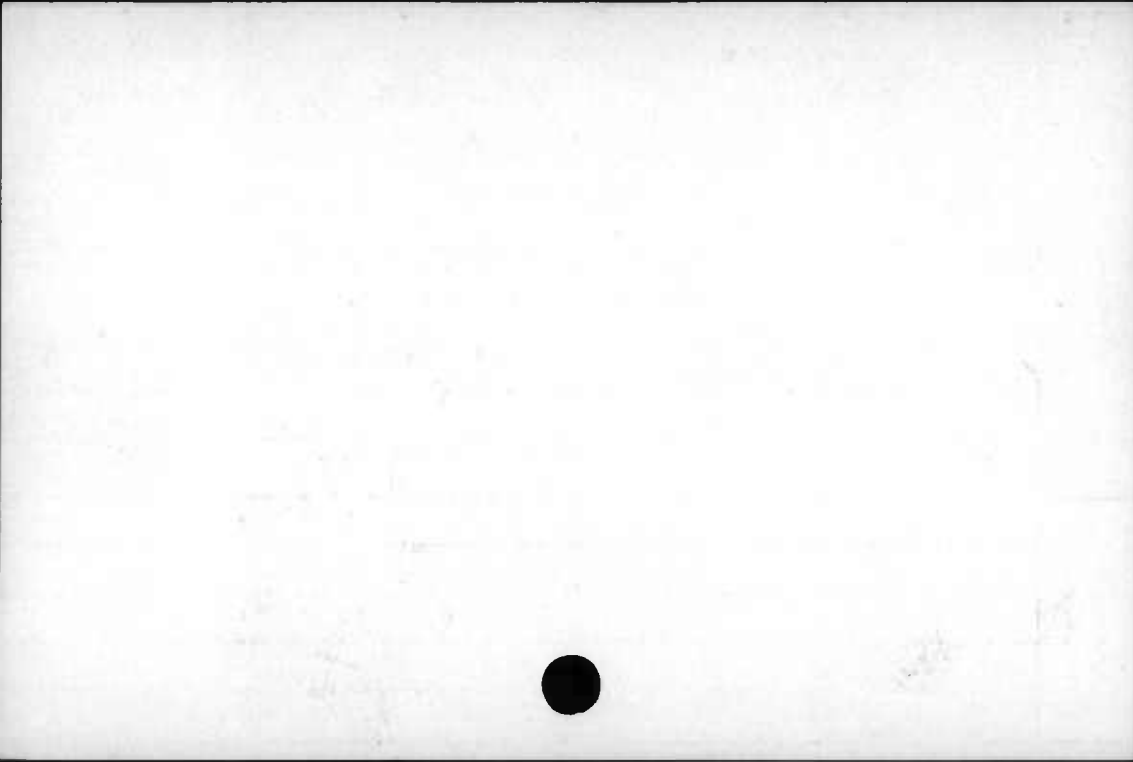
Died at <i>Cronhardt</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1907	Month	3	Day	17
Age		76		Months	—
Sex	male		Color or Race	white -	
Birth-place	Pennsylvania				
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband <i>Rebecca Jones</i>		
Father's Name	<i>Unknown</i>		Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		
Name of person giving information	<i>Rebecca Scott</i>		How related to deceased <i>wife</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>	How long	<i>Several years</i>
Immediate	<i>Exhaustion</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. Louis Taylor</i>	
Address <i>1750 —</i>		Address <i>Pikesville</i>	
Accident or Suicide?		<i>no</i>	



Name
in
Full

Hot water

Scovins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Town</u>		County <u>Balta</u>		MARYLAND	
Date of death	1907	Month	3	Day	11
Age	Years		Months		2 hrs
Sex	Male		Color or Race	(Cul)	
Occupation	—		Birth-place	Md	
Where Residing if not at place of death			Towson		
Married Single or Widowed		Name of Wife or Husband			
Father's Name		Unknown		Father's Birthplace (P)	
Mother's Maiden Name		Mary Scovins		Mother's Birthplace Md	
Name of person giving information		Mary Scovins		How related to deceased Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature birth	How long	4 wks. Child
Immediate	General debility	How long	2 hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. B. Rye, M.D., Towson Md	
Address		Towson Md	
Accident or Suicide?			

151

Permit given to Grandfather

Burial in Private grounds

at Providence

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

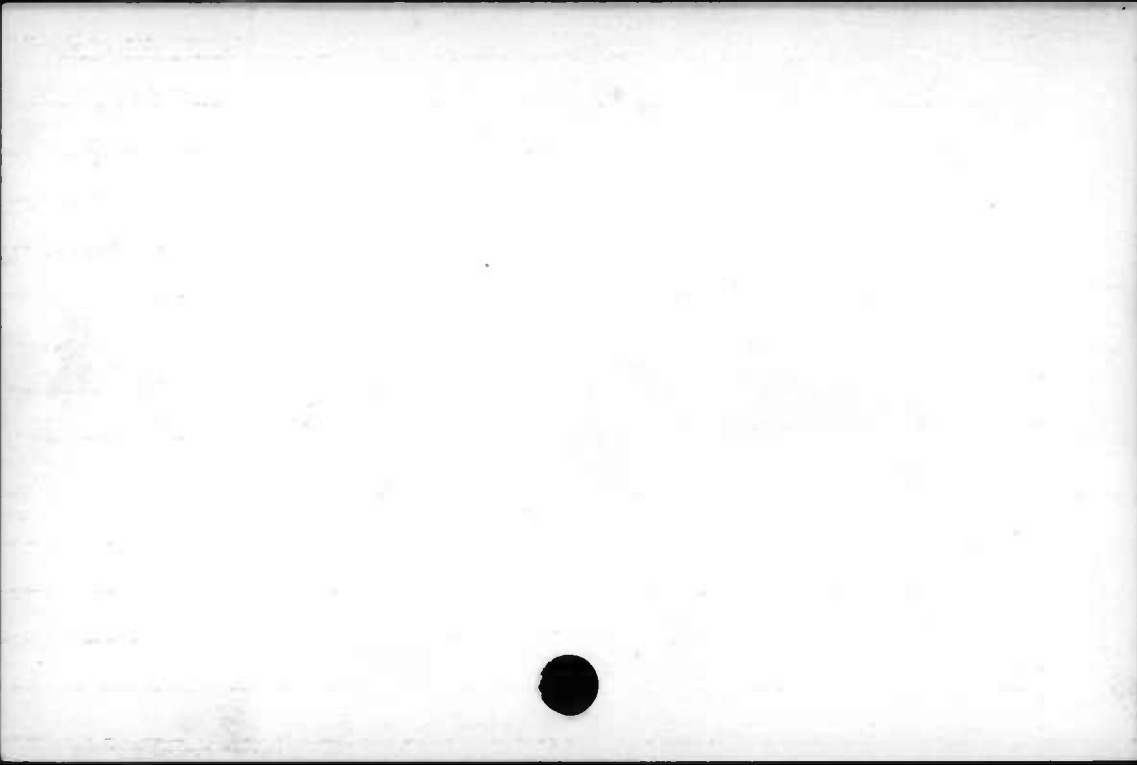
Died at <i>Near Rayville</i>		Town <i>Shaffer</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>March</i>	Day <i>19</i>	Age <i>About 1/2 hour</i>	Years	Month	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Near Rayville</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>—</i>	Name of Wife or Husband						
Father's Name <i>Wm H. Shaffer</i>	Father's Birthplace <i>Penna.</i>						
Mother's Maiden Name <i>Mary Ellen Bashore</i>	Mother's Birthplace <i>" "</i>						
Name of person giving information <i>Parents</i>	How related to deceased <i>Parents</i>						

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Premature birth at 6 1/2 months</i>	How long <i>—</i>
Immediate	<i>"</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>S. W. Hunter</i>
		Address <i>Wiseburg</i>
Accident or Suicide?	<i>—</i>	<i>—</i>



Name
in
Full

David B. Shoemaker

CERTIFICATE OF DEATH

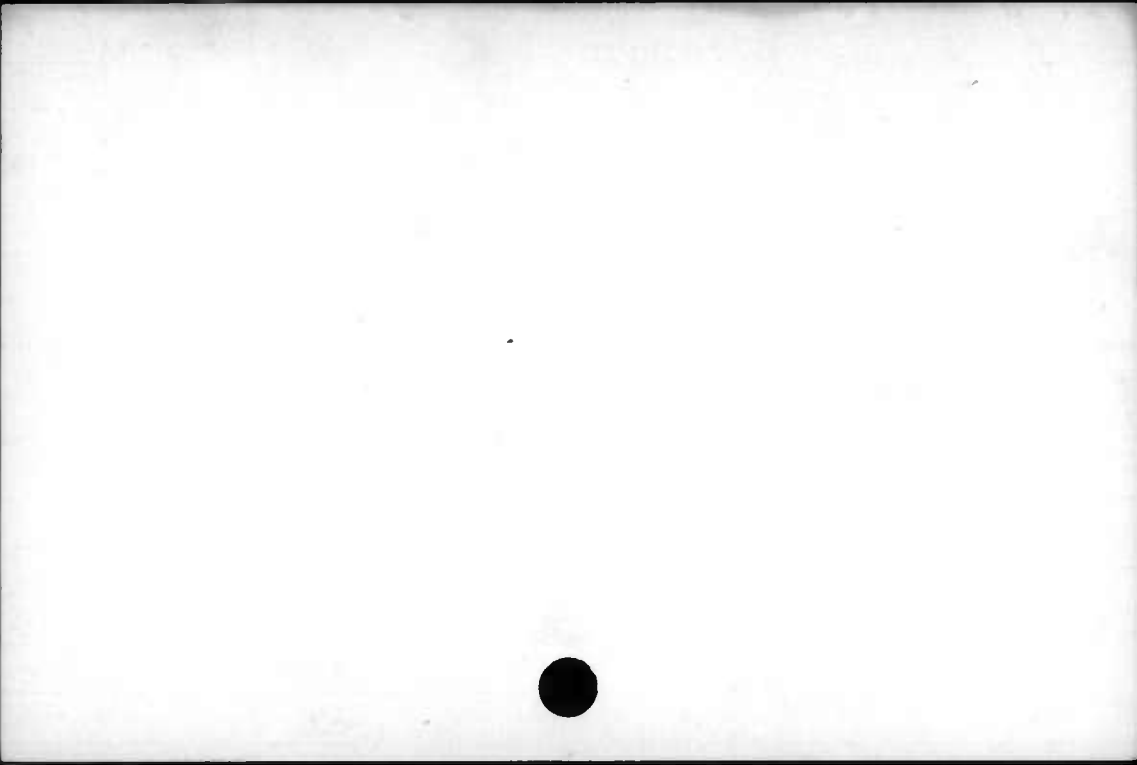
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wt Hope Retmā</i> ^{Town}		<i>Balham</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>March</i>	Day <i>9th</i>	Age <i>64</i>	Years <i>Months</i> <i>Days</i> <i>23</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pa-</i>		
Occupation <i>Farmer & Retired</i>	Where Residing if not at place of death <i>Leitersburg, Md</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Unknown</i> <i>Carrie Agnes Shoemaker</i>				
Father's Name <i>Unknown</i>	<i>Michael Shoemaker</i>		Father's Birthplace <i>Lehigh Penna</i>		
Mother's Maiden Name <i>Mary Newcomer</i>			Mother's Birthplace <i>Penna.</i>		
Name of person giving information <i>Reeds Wt Hope Retmā</i>			How related to deceased <i>Not at all.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malaria Acute -</i>	<i>(68)</i>	How long <i>17 or 18 days</i>
Immediate <i>Exhaustion -</i>		How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery</i>	
	Address <i>Wt Hope Retmā</i>	
	<i>Wt Hope Ma-</i>	
Accident or Suicide? <i>—</i>		



Name
in
Full

Christina Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

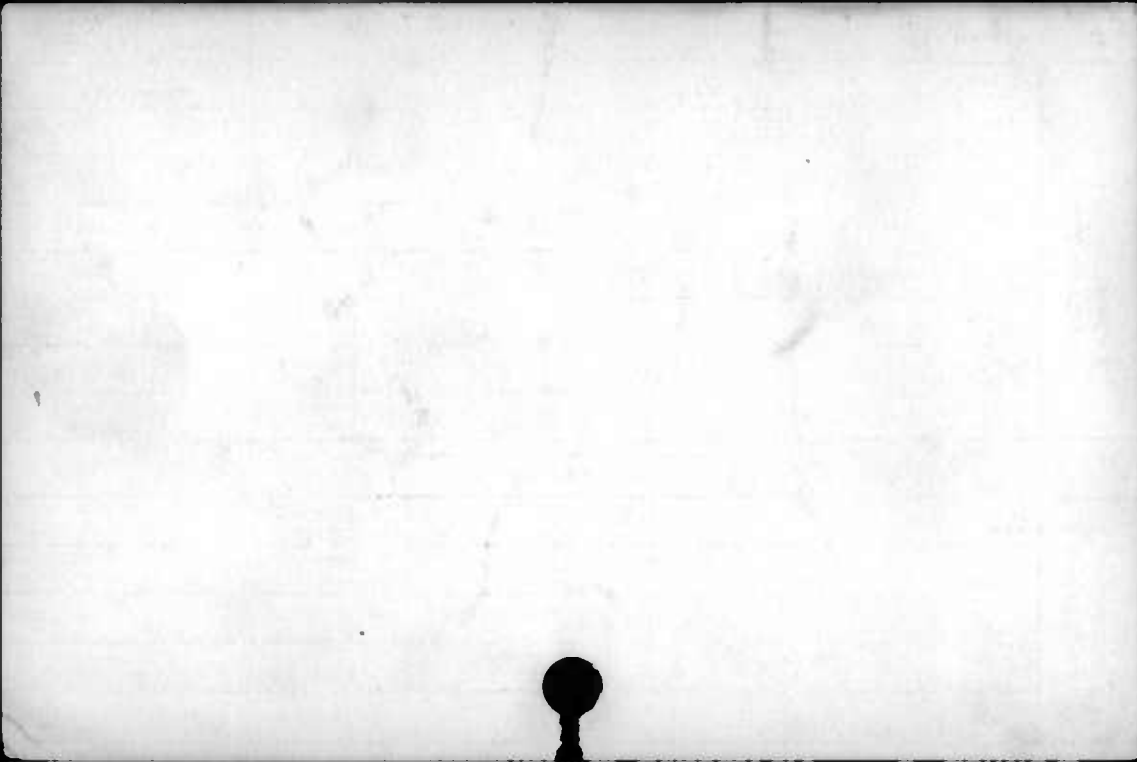
Died at <u>White Marsh</u> ^{Town} <u>Baeto</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>March</u> ^{Day} <u>21</u> ^{Years} <u>80</u>	^{Months}		^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>	Birthplace <u>Germany</u>	
Occupation <u>Housewife</u>	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband <u>George Smith</u>		
Father's Name <u>August Cleyle</u>	Father's Birthplace <u>Germany</u>		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information <u>May afford</u>	How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <u>Infirmities of old age</u>	How long <u>1 week</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C. Wallace</u>
	Address <u>Brossville</u>
Accident or Suicide? <u>No</u>	<u>MD</u>



Name
in
Full

Daniel Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>March</u>	Day <u>31</u>	Age <u>57</u> Years	Months <u>2</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ireland</u>			
Occupation <u>Labourer</u>	Where Residing if not at place of death <u>_____</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Alice McCaddegh Smith</u>				
Father's Name <u>Phillip Smith</u>	Father's Birthplace <u>Ireland</u>				
Mother's Maiden Name <u>Mary Smurray</u>	Mother's Birthplace <u>Ireland</u>				
Name of person giving information <u>Alice Smith</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>6 days</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. S. Warner M.D.</u>
	Address <u>1420 Highland av</u>
Accident or Suicide? <u>No</u>	

Sacred Heart Cemetery

April 4th 1907

Germanus France

Undertaker

Name
in
Full

Miss Ella T. Smith

CERTIFICATE OF DEATH

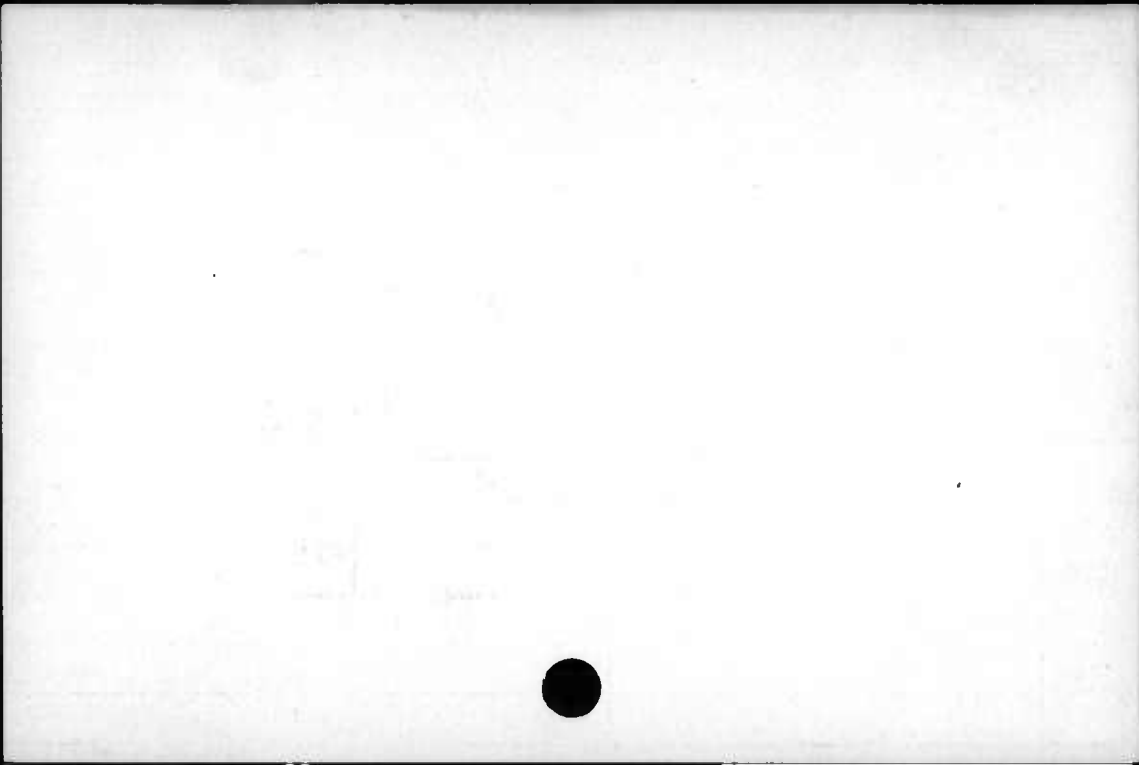
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Agnes Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1907	Month	March	Day	9	Age	50
Sex	Female		Color or Race	White		Birth-place	Hagerstown Md
Occupation	None		Where Residing if not at place of death		Hagerstown Md.		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Josiah T. Smith				Father's Birthplace	Md	
Mother's Maiden Name	Catherine Horrie				Mother's Birthplace	"	
Name of person giving information	Mrs. E. Keathofer				How related to deceased	Sister	

CAUSES OF DEATH

Primary	Carcinoma	How long	Three years.
Immediate	Breast.	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	W. Shaw
		Address	St. Agnes Hospital
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

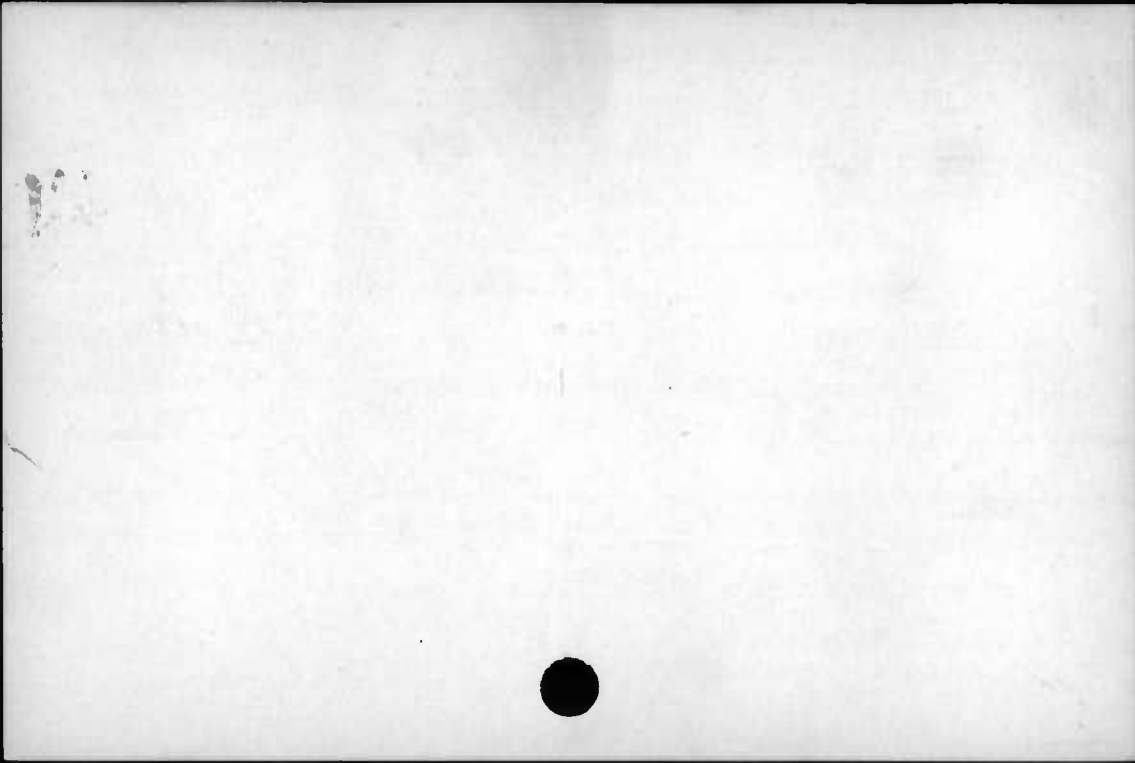
Name in Full Lewis Smith		Town Sparrows Point		County Baltimore		MAYLAND	
Died at Sparrows Point		Month March		Day 31		Age 78	
Date of death 1907		Month March		Day 31		Age 78	
Sex Male		Color or Race Colored		Birth-place Va			
Occupation Laborer		Where Residing if not at place of death Sp. Pt.					
Married, Single or Widowed Married		Name of Wife or Husband Mary J. Smith					
Father's Name Don't Know		Father's Birthplace Don't Know					
Mother's Maiden Name Don't Know		Mother's Birthplace Don't Know					
Name of person giving information Wm H. Smith		How related to deceased son					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

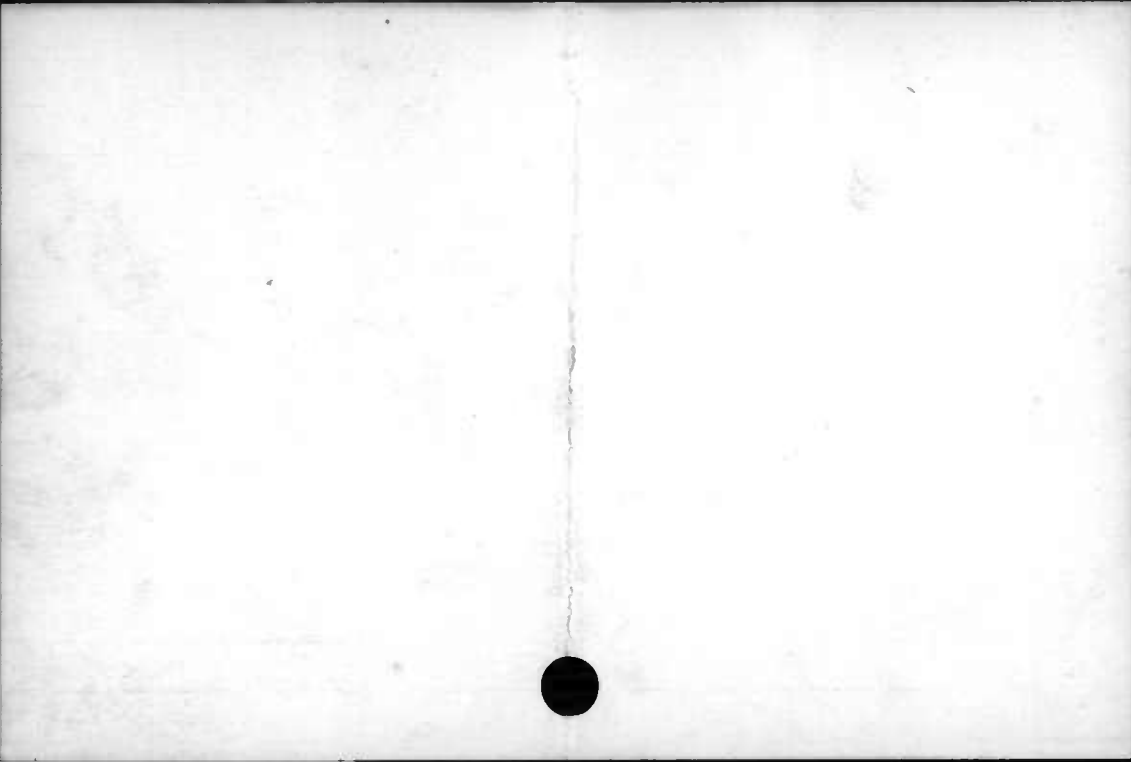
Primary	Smile Bronchitis	How long	2 or 3 mo.
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		G. C. McCormick M.D.	
		Address	
		Sparrows Point Md	
Accident or Suicide?			
No			



Name in Full		Sarah Smith				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
Name of person giving information				How related to deceased				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">10</div>								
PHYSICIAN OR CORONER		Primary		La Grippe - Pneumonia		How long		
		Immediate		Aschemia		How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
		Accident or Suicide?		poison		Address		
				St. Johns		Cecil City		
						Md.		

El Easton & Son
Olla Cemetery.

Name in Full		Mary Eliza Sterrett				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		1907	Month	Nov	Day	27
		Age		45	Years	6	Months	20
		Sex		Female	Color or Race	Black	Birth-place	Baltimore Co
		Occupation		Housewife	Where Residing if not at place of death		Baltimore 2nd	
		Married, Single or Widowed		Name of Wife or Husband				
		Name of person giving information		Thomas Sterrett				
Father's Name		Alexander Taylor			Father's Birthplace		Baltimore Co Md	
Mother's Maiden Name		Annina Polston			Mother's Birthplace		Baltimore Co Md	
Name of person giving information		Thomas Sterrett			How related to deceased		Husband	
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary			How long			
		Cancer of uterus			2 years			
		Immediate			How long			
		General failure of vital			6 months			
		Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
Yes			Dr J E Benson					
Address			Eskeysville					
Accident or Suicide?			No					



Name
in
Full

Sarah Stevenson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Towson</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Year</small>	<u>March</u> <small>Month</small>	<u>9</u> <small>Day</small>	Age <u>92</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Baltimore Co</u>
Occupation	<u>Domestic</u>	Where Residing if not at place of death		<u>Towson</u>	
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Edward Stevenson</u>			Father's Birthplace	<u>Frederick Co</u>
Mother's Maiden Name	<u>Frances Pole</u>			Mother's Birthplace	<u>Frederick Co</u>
Name of person giving information	<u>Miss Susan Stevenson</u>			How related to deceased	<u>Sister</u>

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<u>Acute indigestion affecting heart</u>	How long	<u>Five days</u>
Immediate	<u>Heart failure</u>	How long	<u>one day</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>E. H. Janett M.D.</u>	
		Address	
		<u>Towson</u>	
Accident or Suicide?		✓	

John Burns Song
Prospect
Hill
Lowson ^{Conn.}

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Reisterstown</i>		Town <i>Reisterstown</i>		County <i>Baltimore</i>		MAYLAND	
Date of death	1907	Month	Mar	Day	27	Age	60
Sex	Male		Color or Race	white		Birth-place	Baltimore Md
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Annie V Toft			
Father's Name	James Toft		Father's Birthplace	England			
Mother's Maiden Name	Leah Toft		Mother's Birthplace	"			
Name of person giving information	Annie V Toft		How related to deceased	wife			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Central Hemorrhage</i>	How long	<i>36 hrs</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A M Slade</i>	
		Address <i>Reisterstown</i>	
Accident or Suicide?			

Progressive Formative
Education

11 cents
1 copy

Franklin D. Roosevelt
President

Name
in
Full

Ida May Turnbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
7		Mar	15	27		10	7
Sex		Color or Race		Birth-place			
Female		White		Baltimore M.D.			
Married, Single or Widowed				Occupation			
Married				House wife			
Name of Wife or Husband				Father's Birthplace			
William Turnbaugh				Baltimore City			
Father's Name				Mother's Birthplace			
Francis H. Pelzer				Germany			
Mother's Maiden Name				How related to deceased			
Margaret H. Ford				Husband			
Name of person giving information							
William Turnbaugh							

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary	Progressive Pernicious Anemia	How long	12 months
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Franklin D. Erb.	
		Address	
		Reisterstown	
Accident or Suicide?			



Name
in
Full

Walter Louis Vogt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *St Denis* ^{Town} *Baltimore* ^{County} **MARYLAND**

Date of death *1907* ^{Month} *March* ^{Day} *10th* Age *—* ^{Years} *—* ^{Months} *—* ^{Days} *7*

Sex *Male* Color or Race *White* Birth-place *md.*

Occupation *—* Where Residing if not at place of death *—*

~~Married~~, Single *—* Name of Wife or Husband *—*

Father's Name *Fredrick C. Vogt* Father's Birthplace *Maryland*

Mother's Maiden Name *Isabel Frances Beebe* Mother's Birthplace *Maryland*

Name of person giving information *Mrs. Beebe* How related to deceased *Grandmother*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Asphyxia Neatorum* How long *6 days*

Immediate *Left lobe pneumonia* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. R. Eareckson* Address *Elk Ridge, Md*

Accident or Suicide? *—*

—
St. Augustine.

Pennington —

Name
in
Full

Grace Walters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Ft Howard		County Balto.		MARYLAND	
Date of death	1907	Month March	Day 1	Age —	Years —	Months —	Days 1
Sex Female	Color or Race White		Birth- place Ft Howard Md.				
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name John Walters				Father's Birthplace Suffolk Va			
Mother's Maiden Name Elizabeth Liverman				Mother's Birthplace New Brunswick N. Carolina			
Name of person giving In formation John Walters				How related to deceased father			

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	Spina bifida, ruptured		How long since birth
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician C. F. Moore M.D.
			Address Ft Howard Md.
Accident or Suicide?		no	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Town</i> <i>Sparrow's Point</i> <i>County</i> <i>Belt</i>		- <i>MARYLAND</i>	
Date of death <i>1907</i>	<i>3</i> Month	<i>17</i> Day	<i>5</i> Years
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Belt, Co.</i>	
Occupation <i>None</i>	Where Residing if not at place of death <i>Sparrow's Point</i>		
Married, Single or Widowed	Name of Wife or Husband <i>—</i>		
Father's Name <i>Fred Ward</i>	Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Susan Horvath</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>J. Woodward M.D.</i>	How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Accident</i> <i>was playing on pile of timber.</i>	<i>(166)</i> How long <i>Immediate</i>
Immediate	<i>Crush of Skull</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>J. Woodward M.D.</i>
<i>Crushed by piece of timber rolling on him.</i>		Address <i>Sparrow's Point, Md.</i>
Accident or Suicide?	<i>Accident.</i>	



Name
in
Full

Fletcher George Watson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Glyndon</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>March</u> <small>Month</small>	<u>19th</u> <small>Day</small>	Age <u> </u> <small>Years</small>	<u> </u> <small>Months</small>	<u>1</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Glyndon</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Fletcher G. Watson</u>			Father's Birthplace <u>Intumplex Ind.</u>		
Mother's Maiden Name <u>Mable R. Watson</u>			Mother's Birthplace <u>Lewistown Ind.</u>		
Name of person giving information <u>F. G. Watson</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Convulsions</u>	<u>(71)</u>	How long <u>3 hrs</u>
Immediate <u> </u>		How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. R. Roubicek</u>	
	Address <u>Glyndon Ind.</u>	
Accident or Suicide?		



Name
in
Full

Catherine Matilda Westrich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town H. Arlington		County Baltimore		MARYLAND	
Date of death 190	7	Month mch.	8 th	Day	Age	63	Months 5
Sex		Female		Color or Race		White	
Married, Single or Widowed		Widow		Occupation		retired	
Name of Wife or Husband		none living Francis M. Westrich					
Father's Name		Francis H. Burkham		Father's Birthplace		Germany	
Mother's Maiden Name		Mary Helena Joseph		Mother's Birthplace		Germany	
Name of person giving in formation		Francis H. Westrich		How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	about 3 yrs.
Immediate	Paralysis	How long	immediate
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. Holliday Emich	
Address		Arlington, Md.	
Accident or Suicide?		accident	

John. E. Hough Co
Woodbridge

James. Westridge
Westrich

Name
in
Full

Elizabeth A. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Falls Road & Cool Spring Lane		County		Baltimore		MARYLAND	
Date of death		1907	Month	March	Day	21	Age	Years	120 ⁹⁰
								Months	3
								Days	8
Sex		Female		Color or Race		White		Birth-place	
								Pennsylvania	
Occupation		House Keeper		Where Residing if not at place of death		Cool Spring Lane		Falls Road	
Married, Single or Widowed		Widow		Name of Wife or Husband		W. J. McElroy			
Father's Name		Unknown		Father's Birthplace		Unknown			
Mother's Maiden Name		Calvina Marshall		Mother's Birthplace		Maryland			
Name of person giving information		Rebecca Williams		How related to deceased		Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long	154
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	D. W. Smith M.D.
		Address	206-3rd Ave
Accident or Suicide?			

State Board of
Health Baltimore
Md

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full Edna. Alexandria Williams,		CERTIFICATE OF DEATH	
Died at Catonsville <small>Town</small>		Balto. <small>County</small>	
Date of death 1907 <small>Month</small>		March <small>Day</small>	
1 <small>Age</small>		7 <small>Months</small>	
Sex Male.		Color or Race Colored.	
Occupation _____		Where Residing if not at place of death Catonsville,	
Married, Single or Widowed Single		Name of Wife or Husband _____	
Father's Name Asburn S. Williams		Father's Birthplace Howard Co	
Mother's Maiden Name Clara Rebecca Dorsey		Mother's Birthplace Howard Co	
Name of person giving information Asburn Williams		How related to deceased Father	
CAUSES OF DEATH			
Primary Broncho Pneumonia		How long 5 days	
Immediate Convulsions		How long 12 hours	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Marshall B Wrof.	
		Address Catonsville, Md.	
Accident or Suicide? _____			

Alex. Hensley
West Liberty Cemetery.

Name
in
Full

George Wiosel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wt Hope Ketnae</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death	1907	Month	Mich	Day	23 rd	Age	78
Sex	Male	Color or Race	White	Months	unknown	Years	unknown
Occupation	Retired		Birth-place	Germany			
Where Residing if not at place of death							
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	unknown		Father's Birthplace	unknown			
Mother's Maiden Name	"		Mother's Birthplace	"			
Name of person giving information	<i>Reeds Wt Hope Ketnae</i>		How related to deceased	not at all -			

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	<i>Mania Chronic - Since 1869 -</i>	How long	
Immediate	<i>Ex-Apoplexy - L. Hemiplegia</i>	How long	<i>10 days -</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Frank J. Flannery MD</i>
		Address	<i>Wt Hope Ketnae</i>
			<i>Baltimore Co Md.</i>
Accident or Suicide? <input type="checkbox"/>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Caroline Elizabeth Wlye</i>		Town <i>Shane</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Month <i>March</i>		Day <i>5</i>		Years <i>about 54 years</i>	
Date of death <i>1907</i>		Month <i>March</i>		Day <i>5</i>		Years <i>about 54 years</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife Husband <i>Carville Wlye</i>					
Father's Name <i>Levi Cox</i>		Father's Birthplace <i>Ga.</i>					
Mother's Maiden Name <i>Maria</i>		Mother's Birthplace					
Name of person giving information <i>Carville Wlye</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Grip</i>	How long	<i>2 weeks</i>
Immediate	<i>Pneumonia</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. Millard Stirling</i>	
		Address <i>Shane Md.</i>	
Accident or Suicide?			

James M. Smith

October 1844

1844

October 1844

James M. Smith

James M. Smith

James M. Smith

James M. Smith

James M. Smith

Name
in
Full

Robert H. Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

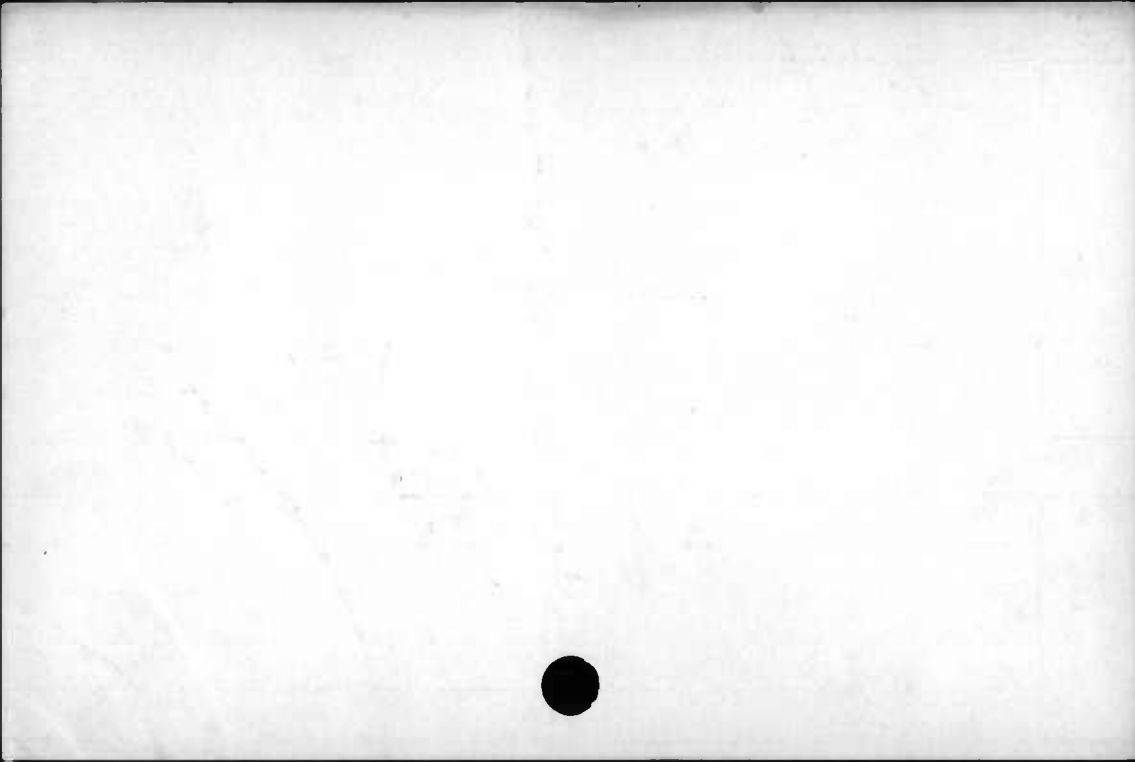
Died at <i>St. Helena</i>		Town <i>St. Helena</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>March</i>	Day <i>22</i>	Age <i>64</i>	Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>Annie Casson</i>				
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Webster Wood</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>One year</i>
Immediate	<i>Uremic Coma</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. C. Seidel MD</i>	
		Address <i>Spencer Point</i>	
Accident or Suicide? <i>✓</i>			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Leslie Wright

Died at

Town

Gardenville

County

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907

March

2nd

Age

60

Sex

Female

Color or
Race

White

Birth-
place

St Louis

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

R. V. Wright

Father's
Name

John Jewell

Father's
Birthplace

Missouri

Mother's
Maiden Name

Elizabeth Leslie

Mother's
Birthplace

Missouri

Name of person giving
In formation

Robert X Tiering

How related
to deceased

Son in Law

CAUSES OF DEATH

Primary

Bronchial Asthma

How long

14 years

Immediate

Dyspnoea

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Joseph B Webster
Kaskasburg

Ind

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary M. Wyman</i>		Town <i>Rockland</i>		County <i>Balto.</i>		STATE MARYLAND	
Died at		Date of death <i>1907 Mar. 3</i>		Age <i>83</i>		Months Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>York, Penn.</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Rockland</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>J. Jackson Wyman</i>					
Father's Name <i>Peter</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Mary M. Ness</i>		Mother's Birthplace <i>York Penn</i>					
Name of person giving information <i>Miss Susan Wyman</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>3 weeks</i>
Immediate <i>Uræmia</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Burlois Shmiss</i>
	Address <i>Rider, Ind</i>
Accident or Suicide? <i>✓</i>	

John Burrus Sours

Sater's Cemetery
Balto. Co

Name
in
Full

Mary E. Yaeger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middleton</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>March</i>	Day <i>7</i>	Age <i>45</i>	Months <i>11</i> Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Fred Yaeger</i>	Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Rosanna</i>	Name of person giving information <i>Fred Yaeger</i>		How related to deceased <i>Sister</i>		

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	<i>Acute Bright's Disease</i>	How long	<i>3 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Sheldon Harrison M.D.</i>
		Address	<i>Middle River Ind</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Willard W. Groatman* Town *Lauraville* County *Baltimore Co* MARYLAND

Died at *Lauraville*

Date of death *1907* March *7* Day *7* Age *48* Years *48* Months *—* Days *14*

Sex *Male* Color or Race *White* Birth-place *V.A.*

Occupation *Machanic* Where Residing if not at place of death *Lauraville*

Married, Single or Widowed *Married* Name of Wife or Husband *Olara Groatman*

Father's Name *Thomas Groatman* Father's Birthplace *V.A.*

Mother's Maiden Name *Mary G Porter* Mother's Birthplace *V.A.*

Name of person giving information *Lippie G Groatman* How related to deceased *Sister*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis of the lungs* How long *18 months*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

H. Young Whitbrook M.D.

237 Gorseuch ave

Baltimore Md.

Perry Hall

Name in Full		Town		County		CERTIFICATE OF DEATH	
Simon Zasek		Highlandtown		Baltimore		MARYLAND	
Died at		Date of death		Age		Months Days	
1907		March 9		32		- -	
Sex		Color or Race		Birth-place			
Male		White		Poland			
Occupation		Where Residing if not at place of death					
Paperhanger		709 Harris Alley					
Married, Single or Widowed		Name of Wife or Husband					
Married		Rosa Zasek					
Father's Name		Father's Birthplace					
Wacius Zasek		Poland					
Mother's Maiden Name		Mother's Birthplace					
Apollonia -		Poland					
Name of person giving information		How related to deceased					
Pauline Shuck		Sister					
CAUSES OF DEATH							
Primary		How long					
Pulmonary Tuberculosis		One week					
Immediate		How long					
Exhaustion							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
yes		John Roth					
		Address					
		2007 Eastern Ave					
		City					
Accident or Suicide?							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

(27)

SO⁸ *W* *Plum*



Name
in
Full

Peter August Zeller

CERTIFICATE OF DEATH

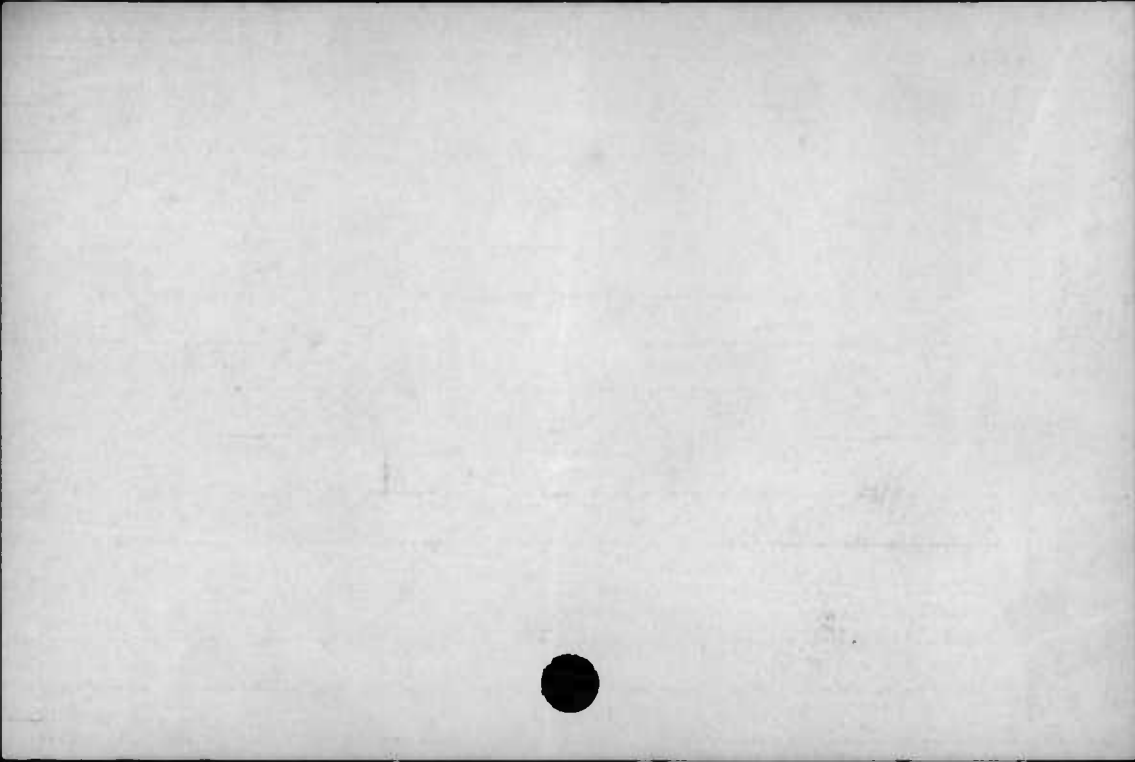
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ft Howard</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>March</i>	Day	<i>15th</i>	Years	<i>3</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Ft. Howard, Md.</i>
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Joseph H Zeller</i>					Father's Birthplace	<i>Baltimore, Md.</i>
Mother's Maiden Name	<i>Elizabeth Schumacher</i>					Mother's Birthplace	<i>Baltimore, Md.</i>
Name of person giving information	<i>Joseph H. Zeller</i>					How related to deceased	<i>father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>108</i>	How long	<i>108</i>
Immediate	<i>Acute intestinal obstruction</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>C. F. Marsch M.D.</i>
		Address	<i>Ft. Howard</i>
Accident or Suicide?	<i>No</i>		<i>Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Matthew Zink		Town Chestnut Ridge		County Balto. Co.		State MARYLAND	
Died at Chestnut Ridge		Month March		Day 6		Age 84	
Date of death 1907 March 6		Sex Male		Color or Race White		Birthplace Germany	
Occupation Shoe Maker		Where Residing if not at place of death Chestnut Ridge		Months 16		Days 6	
Married, Single or Widowed Married		Name of Husband Elizabeth Zink		Father's Name Not known		Father's Birthplace Not known	
Mother's Maiden Name Elizabeth Sornobry		Name of person giving information Elizabeth Werh		Mother's Birthplace Germany		How related to deceased Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	93
Immediate	Pneumonia	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. Thos. S. Bussey
		Address	2 Texas Md.
Accident or Suicide?			

John Burns Sons
Lowson

St. Paul. Lutheran
Cemetery
Chestnut
Ridge

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Unknown</i> Town <i>Baltimore</i> County		MARYLAND	
Date of death <i>1907</i> Month <i>March</i> Day <i>16</i> Age <i>Apparent</i> Years <i>age about</i> Months <i>4</i> Days <i>25</i>	Sex <i>Female</i> Color or Race <i>White</i> Birth-place <i>Unknown</i>		
Occupation <i>Unknown</i>	Where Residing if not at place of death <i>Unknown</i>		
Married, Single or Widowed <i>Unknown</i>	Name of Wife or Husband <i>Unknown</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Frank. S. Johnson</i>	How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long <i>179</i>
Immediate <i>Apparently Exposure</i>	How long <i>Unknown</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of <i>P.A. Dunningan</i>
<i>Body found in the marsh at Stemmers Run</i>	Address <i>203 Towne St.</i>
Accident or Suicide? <i>Unknown</i>	<i>Coroner</i>

